

## Two-Year Course Plan

Name: \_\_\_\_\_

1st Faculty Advisor: \_\_\_\_\_

2nd Faculty Advisor: \_\_\_\_\_

Title of Self Determined Major: \_\_\_\_\_

### CORE COURSES

Term	Dept/Course #	Course Title	Credits	Component
F Junior yr.				
Sp. Junior yr.				
F Senior yr.	SD 374	SDM Final Project Prep	1	Capstone
Sp. Senior yr.	SD375	SDM Final Project	1-4	Capstone

### Electives (Optional Courses)


I, \_\_\_\_\_ agree and commit to the fulfillment of all of the required SDM courses indicated above. Furthermore, I understand that any and all changes to my approved SDM courses, including study away courses, must be submitted for reconsideration and approval to the SDM Committee. This request must delineate the reason(s) for dropping a course and a detailed rationale explaining how the new course is relevant and maintains coherence with the approved SDM course of study. I fully understand that such a request must be submitted in writing before the semester begins and no later than the Add/Drop period. Changes to my SDM courses without prior request and approval by the SDM Committee will be considered an unusual circumstance and may negatively affect the completion of my SDM.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SDM Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SDM Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SDM Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ✓ Email a copy to each of your faculty advisors prior to your advising meeting
- ✓ Email a copy to Beth Miller, SDM Admin. Assistant, [bmiller@skidmore.edu](mailto:bmiller@skidmore.edu)
- ✓ Keep a copy for yourself