FACULTY ADVISOR'S COMMENTS ON
PROPOSAL FOR A SELF-DETERMINED MAJOR

(To be submitted to the Director of the Self-Determined Majors Program; if there are two faculty sponsors of the SDM, both advisors must forward comments to the SDM Director.)

STUDENT_____ CLASS YEAR_____

TITLE OF MAJOR_____

Faculty Advisor: please comment on the academic value and coherence of the self-determined major proposal submitted to you for your review by the student named above. Please also comment on the student's qualifications to undertake the self-determined major.

Advisor's signature: _____Department:_____

Date: _____