

**PROPOSAL FOR A STUDENT-INITIATED
INTERDEPARTMENTAL MAJOR (SIIM)**

Name: _____ P #: _____

Campus Address: _____

Telephone Number: _____ Email: _____

Date of this Proposal: _____ Current Class Year: _____

Current Majors and Minors: _____

Will the SIIM replace your existing major or will the SIIM be your second major? _____

Grade Point Average Last Semester: _____ Cumulative Grade Point Average: _____

Title of proposed SIIM: _____

Departments Involved: _____

Universities Involved (if other than SUNY Potsdam) _____

- **A current transcript must be attached to this proposal (required).**

SIIM Program of Study

Your SIIM Program of Study must include a Seminar/Tutorial/Internship/Senior Thesis (which does not have to carry any academic credit but is still required for the SIIM). Please supply the following information about your Seminar/Tutorial/Internship:

Seminar / Tutorial / Internship / Senior Thesis (indicate which)

Dept. _____ Course No. _____ Number of credits _____ S / U or NUMERIC GRADE (circle one)

Title _____ Internship Supervisor _____

Brief Description of Seminar/Tutorial/Internship/Senior Thesis: _____

SIIM Program of Study

Required courses

Your SIIM Program of Study must consist of 30-42 total credits of academic courses from two or three different academic departments or disciplines. You may include up to eight (8) credits of previously-taken courses in the 30-42 total credits, and any academic credit earned for your seminar/tutorial/internship must also be included in the 30-42 total credit count.

Additionally, you must secure the signature of a faculty member from each academic department from which your SIIM courses will be offered to act as your faculty advisor for those courses.

Provide the following information for each course you wish to include in your SIIM from each academic department.

First Academic Department or Discipline _____

Dept. Prefix	Course No.	Title	No. Credits	Course previously taken (Y or N)? If Y, when? Give year/sem/grade

Total credits this department _____

Faculty Advisor (print name) _____

(sign name) _____

(date) _____

Amendments (official use only)

Second Academic Department or Discipline _____

Dept. Prefix	Course No.	Title	No. Credits	Course previously taken (Y or N)? If Y, when? Give year/sem/grade

Total credits this department _____

Faculty Advisor (print name) _____

(sign name) _____

(date) _____

Amendments (official use only)

Third Academic Department or Discipline _____

Dept. Prefix	Course No.	Title	No. Credits	Course previously taken (Y or N)? If Y, when? Give year/sem/grade

Total credits this department _____

Faculty Advisor (print name) _____

(sign name) _____

(date) _____

Amendments (official use only)

On this page, please tell us why you wish to pursue a SIIM. What's driving you to create your SIIM? How does your SIIM differ from other majors already offered? Is there anything else that you wish to share with the SIIM Committee about your SIIM?

SIIM Academic Credit Count: Verification

Number of academic credits from your first academic department / discipline: _____

Number of academic credits from your second academic department / discipline: _____

Number of academic credits from your third academic department / discipline: _____

Number of academic credits from your Seminar/Tutorial/Internship/Senior Thesis: _____

Grand total (must be between 30-42): _____

Signatures

I agree and understand the requirements and conditions of completing a SIIM degree at SUNY Potsdam, and have read and understand the information in this document (SIIM Application) and in the SIIM Guidelines.

Student _____ Date: _____

We, the faculty who advised the student in the construction of this SIIM proposal, attest to its quality and academic rigor and believe the student to be capable of its successful completion. We agree to collectively act as the Advisory Committee for the student and to supervise the student's progress through the SIIM study plan.

We have read and understand the information in this document (SIIM Application) and in the SIIM Guidelines.

Faculty advisor _____ Dept. _____ Date: _____
and primary academic advisor and SIIM advisor

Faculty advisor _____ Dept. _____ Date: _____

Faculty advisor _____ Dept. _____ Date: _____

**** Be sure that a letter of support from each faculty member (above) accompanies this application.**