TO: ____________________________, Department of ____________________________

Print Adviser Name

The attached proposal, listing you as the student’s adviser, has been submitted to the Committee on Individualized Interdepartmental Programs:

_________________________________________ wishes to pursue an Interdepartmental MINOR in
_________________________________________. In the space below, please frankly appraise this student’s ability to complete the minor should it be approved, as well as the cogency of the program itself. Your written comments are very valuable.

• In what ways does this proposal meet the requirements of a sound and coherent minor?

• Please give us your judgment of the student’s choice of courses and specify any changes that you recommend. For each recommendation, please indicate whether you consider it to be: 1) Necessary, 2) Strongly recommended, or 3) Suggested, but optional.

• Has the student considered your recommendations carefully? __Yes __No

Comments:

Other comments:

Signature of Adviser                      Date Signed

Requested Reply Date April 1 / November 1

NOTE: All interdepartmental minors must be approved by the end of the first semester of the senior year.

To the Recommender:

Please print, sign and return this form, in a sealed envelope, directly to Committee on Individualized Interdisciplinary Programs
c/o Multidisciplinary Studies Center
Lattimore 203

Rev. 1/17