**RANDOLPH COLLEGE**
**INDEPENDENTLY DESIGNED MAJOR/MINOR DECLARATION**

A major is declared in the sophomore year prior to the spring advising period. An Independently Designed Major must be submitted no later than the advising period of the second semester of the student's junior year. A minor must be declared prior to Spring registration for seniors. ***Return completed form to the Dean's Office.***

NAME_____ Year of Grad_____
(Last) (First) (Mid. Initial)

**I wish to declare a (check one) _____Major _____Minor**

**Title of Major/Minor** _____

**Independently Designed Major (see the College Catalog for the complete policy)**

1. Develop individualized program of related courses chosen from two or more departments
2. Have cumulative QPR of at least 2.5 at time of application
3. Consult and obtain approval from department chairs/program coordinators
4. Submit written description of proposed program, which should contain the rationale for the major, explain how courses selected contribute to the major and describe the senior program, to the Dean of the College and the Curriculum Committee for their approval
5. Submit letter of support from the faculty member who is designated as the major advisor.

**Independently Designed Minor**

1. Develop individualized program of related courses chosen from two or more departments
2. Consult and obtain approval from department chairs/program coordinators
3. Submit written description of proposed program, which should contain a rationale for the minor, to the Dean of the College

List courses by department.

| DEPT | COURSE # | CR. HRS. | GRADE (optional) | SEM/YR | DEPT | COURSE # | CR. HRS. | GRADE (optional) | SEM/YR |
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| | | | | | **Total Credit Hours = _____** | | | | |

I understand that I am responsible for completing successfully all courses in this program by the end of my final year, for determining that scheduling will allow me to fulfill requirements, including the senior program, and for obtaining approval for any courses to count toward the major/minor taken at another institution.

Signature of Student_____ Date_____

**Successful completion of the above program satisfies the program the student intends to complete.**

Signature of Department Chair/Program Coordinator_____ Advisor will be_____

Signature of Department Chair/Program Coordinator_____ Date_____

Signature of Dean of the College_____ Date_____

Approval of the Curriculum Committee_____ Date_____

Updated 4/14/2009