

BGC ACADEMIC PROGRAMS OFFICE
PROPOSAL FOR MAJOR & MINOR FIELDS OF STUDY

(Revised 11-02)

Student Name/ID#: _____

Date: _____

Presented for Discussion and Approval at A Graduate Committee Meeting On: _____

Areas: (Give titles of each area)

Examining Committee: _____

Decisions/Comments: _____

Academic Advisor: _____ Date: _____

Student Signature: _____ Date: _____