

Northern Michigan University
Master of Interdisciplinary Studies
Plan of Study (2021-22)

Name _____		IN# _____			
Home Phone _____		Semester Admitted _____			
Email _____		Current Date _____			
Course I.D.	Course Title	Semester	Credits	Grade	Substitutions
Core (20)					
Primary Discipline (12)					
Secondary Discipline (8)					
Electives (8) <i>*must be approved by advisor</i>					
Capstone Project (4) <i>*must be approved by advisor</i>					
	Total Credits (32)				

I recommend that this program of study be approved. ()

Submit to graduate@nmu.edu for electronic signatures. Any changes should be submitted on a new plan of study form.

Graduate Program Director	Date
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Student _____	Date _____
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Department Head _____ Date _____

Dean of Graduate Studies	Date
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