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) **must be approved by advisor*					
Capstone Project (4) **must be approved by advisor*					
	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_ Student Date

_____ _____

Department Head Date _ Dean of Graduate Studies Date