

**CONFIRMATION OF MEETING WITH ADVISORY COMMITTEE
Interdisciplinary Studies Program**

Student Name _____ Student ID _____

Degree Plan Title _____

We have met as a committee to review this student's degree plan and statement of justification and have approved the application to be reviewed by the University IDS Committee.

Committee Chairperson _____
Signature Date

Committee Member _____
Signature Date

Committee Member _____
Signature Date

Program Director _____
Signature Date

*Original to Student's Interdisciplinary Study file
Copy to Student's committee*