

**Application for CAS Self-Designed Major (CSDM)
Suffolk University, CAS Dean's Office**

Name: _____

Student number: _____

Year entered: _____

Anticipated Year of Graduation: _____

Proposed Degree: BA BS

Proposed Name of Major: _____

You are required to complete your CSDM by following the proposal for the program identified above and attached to this document. By signing this application, you are acknowledging that you wish to declare the CSDM identified above and that you understand the following facts about completing a CSDM:

- *I understand that to be permitted to declare this major before the start of the next semester, I must have my CSDM proposal (including completion plan) approved by the Undergraduate Curriculum Committee (UCC) of the College of Arts and Sciences.*
- *I understand that it is my responsibility to complete the courses in the major within the time frame and according to the attached plan and that failure to do so may result in extended time to graduation.*
- *I understand that, to change this plan and remain in status in the CSDM, I and my faculty advisors may need to complete and sign a new application form that includes a revised course plan.*
- *I understand that, in order for my proposal to be reviewed and in order for me to declare my proposed CSDM,*
 - *I must have a 3.3 Suffolk GPA, be in good academic standing, and have no I (Incomplete) grades; and*
 - *I may not count more than 8 already completed credits toward the CSDM.*

Student

Date

CSDM Faculty Advisor #1

Date

CSDM Faculty Advisor #2

Date

This application with a completed and signed copy of the CSDM Proposal Form must be submitted to Dean Sharon Lenzie, CAS Dean's Office, 12th Floor, 73 Tremont St. **Applications are due by the LAST DAY TO ADD/REGISTER of the FALL or SPRING semester. If the application is approved, the student will be permitted to declare and begin the CSDM in the FOLLOWING semester.** (Applications for programs beginning in fall are **not** accepted during the summer semester.)