The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08625-0718
Phone: (609)771-2141 Fax: (609)637-5184

AUTHORIZATION FOR SELF-DESIGNED MAJOR

Last Name: _____ First Name: _____ MI: ____ PAWS ID: _____

Phone: _____ TCNJ E-Mail: _____ Major Code: SDES (Check one) ☐ 1st ☐ 2nd

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Year of Entry to TCNJ _____ Title of Self-Designed Major _____

Course #	Course Title	Grade	Completed (Y/N)

Student Signature _____ Printed Name _____ Date _____

Signature of Primary Self-Designed Major Advisor ("Faculty Advisor") _____ Printed Name _____ Date _____

Signature of Major Advisor (2) _____ Printed Name _____ Date _____

Signature of Department Chair (1) _____ Printed Name _____ Date _____

Signature of Department Chair (2) _____ Printed Name _____ Date _____

Signature of Department Chair (3) _____ Printed Name _____ Date _____

Signature of Self-Designed Major Committee Chair _____ Printed Name _____ Date _____