The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08628-0718
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

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