



Last Name	
First Name	
UVA ID #	
UVA e-mail	
Phone #	

INTERDISCIPLINARY MAJOR APPLICATION

Date _____

Current Semester _____

Local Address _____

Permanent Address _____

Expected Graduation Date _____

Proposed Program Title _____

Faculty Sponsors

1. Name _____

Department _____

Phone Number _____ e-mail: _____

Signature _____

2. Name _____

Department _____

Phone Number _____ e-mail: _____

Signature _____

3. Name _____

Department _____

Phone Number _____ e-mail: _____

Signature _____

Return the completed form and all other materials to Dean Shawn Lyons, IMP Chair, Monroe Hall Room 103.