



O G L E T H O R P E
UNIVERSITY

Application for Individually Planned Major (IPM)

Before completing the following application, be sure you read the IPM requirements in the Programs of Study section of the *Bulletin*. The requirements are also available online at www.oglethorpe.edu, keyword IPM.

Name: Date:

Student ID Number: Phone:

Email Address:

Proposed Title of IPM:

Section I

On separate sheets please provide a complete narration for each of the following:

1. What is the major's coverage and definition?
2. What are the linkages among the courses listed in the Area of Concentration and the Other Fields of Study (see Section II below) included in your IPM?
3. Describe the expected outcomes from this IPM in terms of intellectual growth and plans for graduate study and/or your career path.

Once these expositions are completely and acceptably developed you should save copies of the associated files on your computer or network storage area for the duration of the time you are at Oglethorpe. This is because your IPM may have to be modified in the future and it is easiest to do this if you have access to the original proposal. Print copies of your answers and attach them to this form prior to submission.

Section II

An IPM requires a *minimum* of 36 semester hours, with a minimum of 16 semester hours in the Area of Concentration.

Area of Concentration

A *minimum* of 16 semester hours-- all above the introductory level and beyond any relevant Core requirements, and all housed in a particular academic discipline-- is required. This discipline is known as the "Area of Concentration." You may take more than 16 hours in the Area of Concentration and, in fact, all 36 hours may be associated with this discipline.

What is your Area of Concentration?

If "Other," please specify:

Other Fields of Study

These are courses which are a part of the IPM but which do not fall into the Area of Concentration. Bear in mind that an IPM must include at least one semester of a foreign language, at the second-semester elementary level (or higher).

In the table below, list all courses belonging to the Area of Concentration (AC) and Other Fields of Study (OFS). Specify the course number, title and semester hours associated with each course. You do not need to indicate section numbers, nor do you need to specify which semester or year a given course was or is to be taken. If any of the courses were or are to be taken at another institution

(either because of transfer credits or because of cross-registration through ARCHE), give the name of that institution in the last column of the table.

Course Number	Course Title	Hours	AC or OFS?	Institution (if other than OU)

Unofficial Transcript

You must attach an unofficial copy of your transcript to this application. You may print your unofficial transcript from Oasis.

Approvals

Once this form is complete, save it digitally and also print a copy. To the printed copy attach all required documentation. The completed form is then passed, in order, to the following individuals. Each person may have questions for you and each may require revisions in your proposal. Allow each person a suitable amount of time to review the entire document; several days is not unreasonable.

Advisor

Name (please type): Date:

Signature: _____

Division Chair of Area of Concentration

Name (please type): Date:

Signature: _____

Provost or designated Associate Provost

Name (please type): Date:

Signature: _____

When all approvals have been obtained, you must submit the completed application to the Registrar’s Office. The Registrar will send email verification to both the applicant and his/her advisor when the application has been received and has been judged to be suitable and complete. **Save an electronic copy of this application (plus all associated documents) for future reference.**