*Individual Major Program*

*1255 Angell Hall*

*Phone: 734.647.9624*

*Email:* *ask.imp.advising@umich.edu*

*Web:* [*www.lsa.umich.edu/imp*](http://www.lsa.umich.edu/imp)

*Faculty Recommendation Form*

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Proposed IMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Recommender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Committee for Interdisciplinary Studies appreciates your feedback regarding the above student’s proposed academic program. The information will be used to aid our deliberations about the proposal and in advising the student. Please email the completed form directly to Tyrone Stewart at tystewrt@umich.edu.

**1. Have you reviewed the proposed Individual Major Program carefully and considered alternate courses to help the student construct a coherent plan? Explain.**

**2. Is the proposed Individual Major Program the educational equivalent of existing departmental concentrations (with sufficient attention to disciplinary perspectives, breadth, and depth of content)? Explain.**

**3. Can the proposed Individual Major Program be completed within a currently existing departmental or interdepartmental concentration, or one just slightly modified? Explain.**

**4. Is the proposed Individual Major Program a coherent and focused program of study?**

**5. Please comment on the strengths and weaknesses of the proposed Individual Major Program.**

**6. Are you willing to serve as an academic mentor to the student (e.g., provide guidance in course selection, ongoing discussion of academic goals, and possibly oversee an independent study or thesis)?**

**Faculty Recommender Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title and Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_