



**Interdisciplinary Studies AAS Degree CTE - Approval Form**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First

**Method**

I intend to complete the major requirements for this degree: \_\_\_\_\_ Online \_\_\_\_\_ On-campus \_\_\_\_\_ Both

I will use transfer coursework to meet major program requirements: \_\_\_\_\_ YES \_\_\_\_\_ NO

I intend to complete this program: \_\_\_\_\_  
Semester/Year

**Areas of CTE Concentration**

Title of Area of Concentration One: \_\_\_\_\_

Title of Area of Concentration Two: \_\_\_\_\_

**Justification Statement:** Explain your purpose/goals for selecting these areas of concentration. What do you hope to accomplish with a degree featuring these two areas?

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## Interdisciplinary Studies AAS Degree Plan

### Area of Concentration One: \_\_\_\_\_

Requires 24 credits from 100 level or above coursework.

Transfer courses **must** be equated to an LC course. Transfer coursework cannot be coded as ELECT-999.

LC Course/Equivalency	Credits	Course Title	Sem/Year Taken	Transfer School
Credit Total: _____				

### Area of Concentration Two: \_\_\_\_\_

Requires 24 credits from 100 level or above coursework.

Transfer courses **must** be equated to an LC course. Transfer coursework cannot be coded as ELECT-999.

LC Course/Equivalency	Credits	Course Title	Sem/Year Taken	Transfer School
Credit Total: _____				

## **Other Requirements**

This plan describes the major program requirements for the Interdisciplinary Studies degree only. Students must also meet all other LC State requirements for graduation, including all General Education Core requirements, residency credits (16), GPA requirements, and completion of electives to meet the minimum 63 credits of college-level coursework.

Selected areas of concentrations may not be used for completion of a minor, nor do they lead to certification in a discipline.

Students graduate with an AAS in "Interdisciplinary Studies". The areas of concentration will not display on the transcript.

## **Advisory Committee**

Advisor Name, Area of Concentration One: \_\_\_\_\_

Advisor Name, Area of Concentration Two: \_\_\_\_\_

Division Chair Name (from one of the two Areas): \_\_\_\_\_

## **Signatures**

_____ Student	_____ Date
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_____ Advisor, Area of Concentration One	_____ Date
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_____ Advisor, Area of Concentration Two	_____ Date
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_____ Division Chair (from one of the two Areas)	_____ Date
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_____ Dean, Career & Technical Education	_____ Date
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Submit the following to the Career & Technical Education Office, MTB 101I, or email: [cte@lcsc.edu](mailto:cte@lcsc.edu)

- 1) Interdisciplinary Studies AAS Degree Approval Form
- 2) Program Information Form (PIF)

- Copies will be sent to Student, Advisors, Chair, and Registrar.
- Changes to the proposed curriculum must be submitted to the Registrar by an advisor or division chair using the Degree Requirement Substitution & Waivers Form.