

Interdisciplinary MQP Approval Form

To be used when a single MQP is proposed to meet the MQP requirements for a Double Major

Note: This form must be filed with the Project Registration form and does not constitute project registration in itself.

Student Name _____ Class Year _____

ID # _____ Email _____

Major 1 _____ Major 2 _____

Project Title _____

Project Sequence Number (from MQP registration form, if known; initials of Advisor of Record + 4 characters): _____

Planned terms and credit (must equal at least 1 1/3 U)

Summary of project content, indicating academic content related to each major (no more than 100 words)

Signatures below by advisors from each major indicate approval for this single MQP to meet the MQP requirements for the indicated double major.

MQP Advisor, Major 1 date MQP Advisor, Major 2 date