

# The College of New Jersey

Office of Records & Registration  
P.O. Box 7718, Ewing, NJ 08628-0718  
609-771-2141

## APPLICATION FOR SELF-DESIGNED MAJOR

<b>NAME:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	<b>ID #</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;">(8 digit TCNJ ID)</div>
<b>PHONE:</b>	<b>TCNJ EMAIL:</b>
<b>MAJOR CODE: SDES</b>	
<b>ADDRESS:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>	

**YEAR OF ENTRY TO TCNJ:** \_\_\_\_\_

**TITLE OF SELF-DESIGNED MAJOR** \_\_\_\_\_

**COURSES**

Course #	Course Name or Description	Grade	Completed
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___

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SIGNATURE OF STUDENT DATE

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SIGNATURE OF MAJOR ADVISOR (1) [PRINCIPAL MENTOR] DATE

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SIGNATURE OF MAJOR ADVISOR (2) DATE

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SIGNATURE OF DEPARTMENT CHAIR (1) DATE

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SIGNATURE OF DEPARTMENT CHAIR (2) DATE

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SIGNATURE OF DEPARTMENT CHAIR (3) DATE

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SIGNATURE OF SELF-DESIGNED MAJOR COMMITTEE CHAIR DATE