**Interdisciplinary Studies Program**

**Advisor Recommendation**

Student: Please type the required information below before e-mailing it to your faculty member.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student ID Number |  |

Student: Please indicate whether or not you “waive the right” to view your evaluation below.

|  |  |
| --- | --- |
| *Place X Below* |  |
|  | I waive the right to see this evaluation. |
|  | I do not waive the right to see this evaluation. |

TO THE ADVISOR: The above-named student is applying for the Interdisciplinary Studies (IDST) Program and has named you as one of their two prospective faculty advisors. Please type your responses into this Word Document, and email it to the IDST coordinator, by April 1.

|  |  |
| --- | --- |
| Name of Advisor:  *(Please type name)* |  |

Questions:

1. How long and in what capacity have you known the above student?
2. After reviewing the above student’s IDST application, please describe the proposed program of study.
3. Assess the extent to which the student’s proposed program of student is feasible and warrants an IDST major.
4. As the advisor of an IDST student, would you agree to the following –
   * To serve as the IDST major’s academic advisor, ensuring that appropriate courses are taken and adjustments to the course plan are made (when needed).
   * To work with the IDST major’s other academic advisor in supervising the IDST major’s program of study.
   * To mentor the IDST major’s year-long project, serving as instructor of record for the fall semester, spring semester, or both during the IDST major’s senior year, depending on the arrangement with the other advisor.
   * To communicate with the IDST coordinator regarding any changes to the IDST major’s program of study as well as if there are any challenges to be addressed.

\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

COMMENTS

Please share any additional comments or observations that may be of help to the IDST committee as it makes its decision.

OVERALL ASSESSMENT OF CANDIDATE:

|  |  |  |  |
| --- | --- | --- | --- |
| Accept without reservation | Accept | Accept with reservation (Please explain why) | Do not accept (Please explain why) |
|  |  |  |  |

Advisor’s Signature: