



Last Name	
First Name	
UVA ID #	
UVA e-mail	
Phone #	

## Echols INTERDISCIPLINARY MAJOR APPLICATION

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Date \_\_\_\_\_

Current Semester \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Proposed Program Title \_\_\_\_\_

### *Faculty Sponsors*

1. Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature \_\_\_\_\_

2. Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature \_\_\_\_\_

3. Name \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature \_\_\_\_\_

**Return the completed form and all other required materials to the Echols Scholars Program Office, Monroe Hall Room 101.**