

**The College of New Jersey
Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141**

APPLICATION FOR A THEMATIC FIELD

Student Name	Major	PAWS ID#
Email	Academic Level	Transfer or Four Year?

Title of Existing Thematic Field _____

Title of Self Designed Thematic Field _____

Please indicate if you are: Adding a Thematic Field

Changing a Thematic Field

Dropping the Thematic Field and returning to Geographic Breadth

List of Course Options (for Self Designed Fields Only) – Please provide a minimum of 8 course options at the 300/400-level.

Course Number	Course Name	Course Number	Course Name

Student Signature _____ Date _____

Advisor’s Signature _____ Date _____

Department Chair Signature _____ Date _____