

**Bachelor of University Studies
Multidisciplinary Option
(Degree/major code BUS-UNST, MLTI option)
2022-2023
Plan of Study Form**

Student's Name

Student's ID

Check if OSU
Varsity Athlete

Student's Email Address

Student's Phone #

College of Enrollment

Student's Educational Objectives/Career Goals (Be specific) :

I understand this degree does not lead to teacher certification, nor will OSU provide a letter to the State Department of Education indicating that this degree is a concentration in an area of study that corresponds with a certification area. I also understand that the Bachelor of University Studies (BUS) cannot be earned as a second or concurrent OSU baccalaureate degree (University Academic Regulation 3.10). The only option for earning a BUS degree and another bachelor's degree from OSU is to earn the BUS degree first (as the primary degree), followed by the additional baccalaureate degree in a subsequent term.

Check Option 1 or 2:

Option 1: Three Areas of Concentration (at least 18 hours in each area)	
Note: 18 hours of "Major" courses from AA, AS or AAS degree (may only be used for one of the three concentration areas)	
Option 2: Two Areas of Concentration (at least 27 hours in each area)	

Complete details for each Area of Concentration:

(If completing minors as an area of concentration, provide appropriate details & college approval signatures. Minors will be added to the student's curriculum and will be reflected as minors in addition to the BUS degree on the official transcript.)

Area of Concentration	College	Minor Code (if applicable)	Catalog Year	New minor for the student?	Approval Signature from College (required for new minors only)	Date	Total Hours

Attach Degree Works audit (and optional addendum) reflecting complete plan of courses to meet all degree requirements

Total Degree Plan Hours (minimum 120, not to exceed 157): _____

Student's Signature/Print Name _____ Date _____

Adviser's Signature/Print Name _____ Date _____

Departmental Representative's Signature/Print Name (Area of Concentration #1) _____ Date _____

Departmental Representative's Signature/Print Name (Area of Concentration #2) _____ Date _____

Departmental Representative's Signature/Print Name (Area of Concentration #3) _____ Date _____

Dean or Designated College Official's Signature/Print Name _____ Date _____

Academic Services for Student Athletes/Print Name _____ (Required for athletes) Date _____

Registrar _____ Date _____

Vice Provost (final approval) _____ Date _____

Copy to Graduation Certification Specialist