MAJOR REQUIREMENTS APPROVAL FORM

Please return this completed form to either the Media Arts and Design office (Classics 304) or the Director of Undergraduate Studies.

This program, if signed by the student and Director of Undergraduate Studies and successfully completed by the student, will satisfy the requirements of the Media Arts and Design major. Any changes to this program must be approved by the Director of Undergraduate Studies and submitted.

Name: ___________________________ ID Number: ______________

College Adviser: _________________________ Anticipated Graduation: ______________

UChicago Email Address: __________________________

Media Theory Course #1
Course Number and Title: __________________________
Instructor: _________________________ Quarter: _____ Year: __________

Media Theory Course #2
Course Number and Title: __________________________
Instructor: _________________________ Quarter: _____ Year: __________

Media History Course #1
Course Number and Title: __________________________
Instructor: _________________________ Quarter: _____ Year: __________

Media History Course #2
Course Number and Title: __________________________
Instructor: _________________________ Quarter: _____ Year: __________

Media Practice and Design Course #1
Course Number and Title: __________________________
Instructor: _________________________ Quarter: _____ Year: __________
**Media Practice and Design Course #2**
Course Number and Title: ________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**Capstone Colloquium 1**
Course Number and Title: ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**Capstone Colloquium 2**
Course Number and Title: ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**Capstone Colloquium 3: Exhibition and Curation**
Course Number and Title: ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

Electives courses must originate in or be cross-listed with Media Arts and Design. Course selections should be discussed with the Director of Undergraduate Studies.

**MAAD Course #1:** ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**MAAD Course #2:** ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**MAAD Course #3:** ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**MAAD Course #4:** ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________

**MAAD Course #5:** ____________________________________________
Instructor: __________________________________________________________________ Quarter: ______ Year: __________
By signing this form, I agree that I will take these courses in order to graduate with a major in Media Arts and Design. Before changing courses, I agree to consult with the Director of Undergraduate Studies to confirm that the new classes are acceptable substitutes to the ones listed here. If I do not get prior approval from the Director of Undergraduate Studies, I understand that I may be ineligible to graduate on time.

Student signature: __________________________ Date: _____________

DUGS signature: ___________________________ Date: _____________