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: _______________________________________________________

Cluster: ____________________________________________________________________________

**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: 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: ____________