Cluster Form

Name:________________________________________________________

UChicago Email: ______________________________________________

Date of Graduation: ______________________________

Choose one of the following five cluster options:
   _ Games   _ Creative Computing   _ Network Art
   _ Electronic Music   _ Digital Moving Image

What specific topic will you focus on within this cluster (Ex: Digital Environment Design, Internet Art)?

You must select a minimum of three related courses as part of your cluster. (You can take as many others related to it as you wish, but 3 will meet the requirement.) Please provide a list (course number and title) of three cluster courses. It is suggested that students list three courses they have previously taken, though this is not a strict requirement. For courses taken previously, please note the quarter in which they were completed.

Course #1: _____________________________________________________
   Instructor: ___________________________ Quarter: _____ Year: __________

Course #2: _____________________________________________________
   Instructor: ___________________________ Quarter: _____ Year: __________

Course #3: _____________________________________________________
   Instructor: ___________________________ Quarter: _____ Year: __________

Please fill out this form and return it to the Student Affairs Advisor or the Director of Undergraduate Studies by Spring of your second year.

Student signature: ___________________________ Date: _________________

DUGS signature: ___________________________ Date: _________________