MAJOR REQUIREMENTS APPROVAL FORM

This program, if successfully completed by the student and signed by the student and Director of Undergraduate Studies, 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 re-submitted.

Name: ____________________________________________ ID Number: __________

College Adviser: ________________________________ Anticipated Graduation: __________

UChicago Email Address: _________________________________________________________

Cluster Designation: _____________________________________________________________

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 I: Methodologies**
Course Number and Title: ________________________________
Instructor: __________________________________________ Quarter: _______ Year: _________

**Capstone II: Production**
Course Number and Title: ________________________________
Instructor: __________________________________________ Quarter: _______ Year: _________

Electives courses must originate in or be cross-listed with Media Arts and Design. If you’d like to petition for a course to count either as an elective or another requirement, please see here.

MAAD Course #1: ______________________________________
Instructor: __________________________________________ Quarter: _______ Year: _________

MAAD Course #2: ______________________________________
Instructor: __________________________________________ Quarter: _______ Year: _________

MAAD Course #3: ______________________________________
Instructor: __________________________________________ Quarter: _______ Year: _________

MAAD Course #4: ______________________________________
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: ____________