

Election of Major

Early Childhood Education (27-30 hours)

Associate of Arts Degree

2007-2008 Catalog

Name _____ I.D. Number _____

Planned Degree Completion Date: Mo. _____ Yr. _____

Required Courses

Do not write in shaded area

			Hours
<input type="checkbox"/>	EDUC 130	Introduction to Early Childhood	2.0
<input type="checkbox"/>	EDUC 206	Foundations of Exceptional Learners	3.0
<input type="checkbox"/>	EDUC 223	Child Development	3.0
<input type="checkbox"/>	EDUC 251	Conflict Resolution and Mediation in Elementary	1.0
<input type="checkbox"/>	EDUC 331	Early Childhood Curriculum and Methods	3.0
<input type="checkbox"/>	EDUC 310	Practicum in Elementary Education	3.0
<input type="checkbox"/>	ESS 111	First Aid	1.0
<input type="checkbox"/>	COMM 210	Interpersonal Communication	3.0
<input type="checkbox"/>	SOWK 110	Introduction to Social Services	3.0

Five hours selected from:

<input type="checkbox"/>	ART 205	Elementary Art Education Techniques	2.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	ART 216	Elementary Arts and Crafts	3.0
<input type="checkbox"/>	COMM 140	Touring Children's Theatre	3.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	COMM 308	Creative Dramatics	2-3
<input type="checkbox"/>	COMM 322	Communication for Instructors	3.0
<input type="checkbox"/>	ESS 145	Motor Development	3.0
<input type="checkbox"/>	ESS 200	Basic Principles of Nutrition	3.0
<input type="checkbox"/>	OR		
<input type="checkbox"/>	ESS 208	Readings in Nutrition	1.0
<input type="checkbox"/>	MUS 211	Essential Skills in Music	2.0
<input type="checkbox"/>	PSYC 220	Child and Adolescent Psychology (PSYC 110 prereq)	4.0
<input type="checkbox"/>	SOC 233	Social Welfare As An Institution	3.0

Explain transfer, substitutions, or other irregularities:

Advisor Signature _____ Date _____

Department Chair Signature _____ Date _____

I understand I have final responsibility for monitoring my graduation requirements.

Student Signature _____ Date _____

Return this form to the Office of the Registrar