

# Election of Major

## Early Childhood Education (27-30 hours)

### Associate of Arts Degree

2008-2009 Catalog

Name \_\_\_\_\_ I.D. Number \_\_\_\_\_

Planned Degree Completion Date: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

#### Required Courses

Do not write in shaded area

			<b>Hours</b>
<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 327	Social Studies 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**