**Election of Major**
**Early Childhood Education (27-30 hours)**
**Associate of Arts Degree**
2011-2012 Catalog

Name____________________________________  I.D. Number____________________________________

Planned Degree Completion Date:  Mo._______  Yr._______

### Required Courses

Do not write in shaded area

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 130</td>
<td>Introduction to Early Childhood</td>
<td>2.0</td>
</tr>
<tr>
<td>EDUC 206</td>
<td>Foundations of Exceptional Learners</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 223</td>
<td>Child Development</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 251</td>
<td>Conflict Resolution and Mediation in Elementary</td>
<td>1.0</td>
</tr>
<tr>
<td>EDUC 327</td>
<td>Social Studies Curriculum and Methods</td>
<td>3.0</td>
</tr>
<tr>
<td>EDUC 310</td>
<td>Practicum in Elementary Education</td>
<td>3.0</td>
</tr>
<tr>
<td>COMM 210</td>
<td>Interpersonal Communication</td>
<td>3.0</td>
</tr>
<tr>
<td>ESS 111</td>
<td>First Aid</td>
<td>1.0</td>
</tr>
<tr>
<td>SOWK 110</td>
<td>Introduction to Social Services</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Five hours selected from:

- ART 205  Elementary Art Education Techniques  2.0
- OR
- ART 216  Elementary Arts and Crafts             3.0
- THTR 140  Touring Children’s Theatre            3.0
- OR
- THTR 308  Creative Dramatics                    2-3
- OR
- COMM 322  Communication for Instructors         3.0
- ESS 145  Motor Development                      3.0
- ESS 200  Basic Principles of Nutrition          3.0
- OR
- ESS 208  Readings in Nutrition                  1.0
- OR
- MUS 211  Essential Skills in Music              2.0
- PSYC 224  Developmental Psychology (PSYC 110 prereq)  4.0
- OR
- SOC 233  Social Welfare As An Institution (SOC 101 prereq)  3.0

Explain transfer, substitutions, or other irregularities:

Adviser 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