### Election of Major
**Art** (24 hours)
**Associate of Arts Degree**  
2008-2009 Catalog

Name__________________________________ I.D. Number____________________

Planned Degree Completion Date: Mo._____ Yr._____  

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART 131 Basic Design</td>
<td>3.0</td>
</tr>
<tr>
<td>ART 201 Art and Life</td>
<td>3.0</td>
</tr>
<tr>
<td>ART 213 Figure Drawing</td>
<td>3.0</td>
</tr>
<tr>
<td>ART 321 Graphic Design</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Twelve hours of electives in art:

- 
- 
- 
- 

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