### Election of Major

**Early Childhood Education (27-30 hours)**  
**Associate of Arts Degree**  
2008-2009 Catalog

**Required Courses**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course 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>ESS 111</td>
<td>First Aid</td>
<td>1.0</td>
</tr>
<tr>
<td>COMM 210</td>
<td>Interpersonal Communication</td>
<td>3.0</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
  - Hours: 2.0

- **ART 216**   
  Elementary Arts and Crafts
  - Hours: 3.0

- **COMM 140**   
  Touring Children’s Theatre
  - Hours: 3.0

- **COMM 308**   
  Creative Dramatics
  - Hours: 2-3

- **COMM 322**   
  Communication for Instructors
  - Hours: 3.0

- **ESS 145**   
  Motor Development
  - Hours: 3.0

- **ESS 200**   
  Basic Principles of Nutrition
  - Hours: 3.0

- **ESS 208**   
  Readings in Nutrition
  - Hours: 1.0

- **MUS 211**   
  Essential Skills in Music
  - Hours: 2.0

- **PSYC 220**   
  Child and Adolescent Psychology (PSYC 110 prereq)
  - Hours: 4.0

- **SOC 233**   
  Social Welfare As An Institution
  - Hours: 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*