## Election of Major

**Early Childhood Education (27-30 hours)**

**Associate of Arts Degree**

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### 2009-2010 Catalog

**Name** ___________________________  **I.D. Number** ___________________________

**Planned Degree Completion Date:** Mo. ______ Yr. ______

### 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  2.0
- OR
- ART 216  Elementary Arts and Crafts  3.0
- COMM 140  Touring Children’s Theatre  3.0
- OR
- COMM 308  Creative Dramatics  2-3
- 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
- MUS 211  Essential Skills in Music  2.0
- PSYC 220  Child and Adolescent Psychology (PSYC 110 prereq)  4.0
- SOC 233  Social Welfare As An Institution  3.0

### Explain transfer, substitutions, or other irregularities:

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**Advisor Signature** ___________________________  **Date** ___________________________

**Department Chair Signature** ___________________________  **Date** ___________________________

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

**Student Signature** ___________________________  **Date** ___________________________

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**Return this form to the Office of the Registrar**