



MAJOR REQUIREMENTS APPROVAL FORM

This program, if successfully completed by the student and signed by the student and Director of Undergraduate Studies, will satisfy the requirements of the Media Arts and Design major. Any changes to this program must be approved by the Director of Undergraduate Studies and re-submitted.

Name: _____ ID Number: _____

College Advisor: _____ Anticipated Graduation: _____

UChicago Email Address: _____

Cluster Designation: _____

Press Start: Foundations in Media Arts and Design

Instructor: _____

Quarter: _____ Year: _____

Media Theory Course #1

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Media Theory Course #2

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Media History Course #1

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Media History Course #2

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____



Media Practice and Design Course #1

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Media Practice and Design Course #2

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Media Practice and Design Course #3

Course Number and Title: _____

Instructor: _____ Quarter: _____ Year: _____

Elective courses must originate in or be cross-listed with Media Arts and Design. If you'd like to petition for a course to count either as an elective or another requirement, please see [here](#).

MADD Course #1: _____

Instructor: _____ Quarter: _____ Year: _____

MADD Course #2: _____

Instructor: _____ Quarter: _____ Year: _____

MADD Course #3: _____

Instructor: _____ Quarter: _____ Year: _____

MADD Course #4: _____

Instructor: _____ Quarter: _____ Year: _____

By signing this form, I agree that I will take these courses in order to graduate with a major in Media Arts and Design. Before changing courses, I agree to consult with the Director of Undergraduate Studies to confirm that the new classes are acceptable substitutes to the ones listed here. If I do not get prior approval from the Director of Undergraduate Studies, I understand that I may be ineligible to graduate on time.

Student signature: _____ Date: _____

DUGS signature: _____ Date: _____