

# Major Declaration and Audit Form

- Declaration
- Audit

The Major Audit Form is to be completed prior to entering the baccalaureate year to provide a specific plan for completion of the requirements of the major. It is one of three forms comprising the Baccalaureate Plan which is part of your permanent academic record.

\_\_\_\_\_  
 Name (Please Print) ID# Current Advisor  
 Major Advisor \_\_\_\_\_  Primary major advisor?  First major?  Second major?  
 If you are changing your major, what was your old major? \_\_\_\_\_

## Studio Art BA

**disciplinary, 12 courses**

At least 6 courses must be unique to any major. All courses for the major must be completed with a grade of C- or better.

Check if unique	Check if completed	Planned semester	Course	Notes, substitutions, etc.
Three courses from ARTS 105, 114 or 115, 125, 165				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
Four courses from ARTS 203, 204, 209, 214, 215, 225, 227, 245, 246, 248, 265, 266, 268				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
Two 300-level studio art courses				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTS ____	_____
Three art history courses				
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTH ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTH ____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	ARTH ____	_____

**Comments:**

## Major Certification

We agree that the successful completion of the program of courses indicated above will constitute an acceptable major. (Compliance with uniqueness rules and other requirements to be confirmed by Registrar.)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Department or Program Chair Signature \_\_\_\_\_ Date \_\_\_\_\_