



MASTER OF ARTS
Visual Arts – Art Education

PROGRAM PLAN

OFFICE OF GRADUATE STUDIES
McCaskill 102
Belknap and Catlin, PO Box 2000
Superior, WI 54880
www.uwsuper.edu/graduate

This Program Plan outlined on the back of this page represents the course of studies which the student intends to follow to completion of the desired certificate and/or degree. Completed in consultation with the student's advisor, this program must be submitted by the end of the first semester of coursework to the Office of Graduate Studies. This approved program will serve as a guide in the final determination of completion of requirements and the awarding of the degree. If the Program Plan specified on this form needs to be modified, it is the responsibility of the student, with the advisor's guidance, to make necessary modifications and submit approved updates to the Office of Graduate Studies.

Student Name: _____ SID # _____

Phones: (h) _____ (w) _____ (c) _____

Emails: (h) _____ (w) _____

Home Address: _____

Workplace Address: _____

Anticipated Graduation Date: _____

MASTER OF ARTS
Plan of Study for Visual Arts – Art Education

Name: _____ SID: _____

Original Plan Date: _____

COURSES	Credit	Term	Notes
<i>PREREQUISITES:</i>			
<i>ART EDUCATION</i> (9 credits from the Following)			
ART 735 Research in Art Education	3		
ART 781 Art for Special Education	3		
ART 784 Development of Creative Functioning	3		
ART 782 Art for the Gifted and Talented	3		
<i>REQUIREMENT</i>			
ART 790 Graduate Art Seminar	2		
<i>ART HISTORY</i> (3 credits)			
<i>STUDIO ART CONCENTRATION</i> (9 credits)			
<i>COGNATE</i> (6 credits)			
<i>CULMINATING PROJECT</i>			
Art 799 Graduate Terminal Project	1		
<i>Total Credits for Plan</i>	30		

_____/_____
 Advisor Signature/date

_____/_____
 Student Signature/date

Modification(s) Date _____

Advisor Initial _____

Student Initial _____

Date _____

Advisor initial _____

Student Initial _____