

Visual Studies Field Cluster

Student: _____

Advisor: _____

Field Cluster: 4 of your 9 elective courses compose your field cluster and can be courses from VS or outside departments. If courses have been waived, follow the distribution guidelines given with your course waiver approval.

Field Cluster Topic: _____

Course # **Course Name** **Quarter** **Year**

Course #	Course Name	Quarter	Year

Advisor Approval/Date: _____

DGS Approval/Date: _____