

Master of Arts in Communication Plan of Study Form

STUDENT INFORMATION

Name: _____

Email: _____

Student ID Number: _____

Date Accepted: _____

Phone: _____

Expected Completion Date: _____

GRADUATE COURSES (33-hour minimum)

Required Core Courses

Semester Completed

COMM 500

COMM 501/502

COMM 510

COMM 680/681/682

Elective Courses (this includes COMM 701-702 or COMM 795 as non-core requirements)

COMMENTS

SIGNATURES

Student: _____

Date: _____

Advisor: _____

Date: _____

Program Director: _____

Date: _____

**To be completed and submitted upon completion of nine hours in the program.*