

DEPARTMENT OF COMMUNICATION STUDIES  
M.A.  
PLAN OF STUDY

Name \_\_\_\_\_

Date of first UI registration \_\_\_\_\_

Graduate Courses Already Completed

Required Courses to be Completed

If UI list

Dept & Course #	Title	Sem Hrs	Grade	Dept. & Course #	Title	Sem Hrs	Grade
	Total				Total		

Approved \_\_\_\_\_  
(Advisor)

Date \_\_\_\_\_

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Department Executive Officer)

Submit three copies to the Department Executive Officer for approval and distribution.

Committee Members (three required)

---

(Chairman/Adviser)

---

---

---

---

---

Notes: (Nature and dates of program changes, committee actions, etc.)

---

Subject areas for comprehensive examinations:

1. 

---

---
2. 

---

---
3. 

---

---