

DEPARTMENT OF COMMUNICATION STUDIES  
 Post-Qualifying Exam  
 Ph.D. Plan of Study  
 (revised October 2005)

Name \_\_\_\_\_ Division \_\_\_\_\_

Date of first UI Registration \_\_\_\_\_

Pre-Dissertation Exam Area \_\_\_\_\_

Teaching-Research Requirement Fulfilled (Date) \_\_\_\_\_

Post-Qualification Courses Already Completed

Post-Qualification Courses to Be Completed

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

Post-Qualification Plan Approved:

\_\_\_\_\_  
 (Adviser)

\_\_\_\_\_  
 (Date)

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

\_\_\_\_\_  
 (Date)

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

\_\_\_\_\_  
 (Date)

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

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Department Chair)

\_\_\_\_\_  
 (Date)