

Preliminary Plan of Study
64-Hour Doctoral Program

Fill out the following form and return to Silvia Martinez (In the absence of specific course information, please indicate probable area and/or department of course along with semester)

Name: _____

Advisor: _____

Courses in Specialized Area

| Course ID | Course Title | Instructor | Semester |
|-----------|--------------|------------|----------|
| COMM | | | |
| COMM | | | |
| COMM | | | |
| COMM | | | |

COMM Courses Outside Specialized Area

| Course ID | Course Title | Instructor | Semester |
|-----------|--------------|------------|----------|
| COMM | | | |
| COMM | | | |

Courses in any COMM area (12-18)

| Course ID | Course Title | Instructor | Semester |
|-----------|--------------|------------|----------|
| COMM | | | |
| COMM | | | |
| COMM | | | |
| COMM | | | |
| COMM | | | |

| Course ID | Course Title | Instructor | Semester |
|-----------|--------------|------------|----------|
| COMM | | | |
| COMM | | | |

Courses Outside of COMM (6 to 15 hours)

| Course ID | Course Title | Instructor | Semester |
|-----------|--------------|------------|----------|
| COMM | | | |
| COMM | | | |
| COMM | | | |

Professional Development Courses

| | | | |
|----------|--------------|--|--------|
| COMM 681 | Prof Seminar | | Fall |
| COMM 681 | Prof Seminar | | Spring |

Total 36-37 hours

MY TOTAL: _____

Required Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

DGS: _____ Date: _____