

**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

**Professional Development Courses**

COMM 681	Prof Seminar		Fall
COMM 681	Prof Seminar		Spring

Total 37-53 hours

MY TOTAL: \_\_\_\_\_

Required Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

DGS: \_\_\_\_\_ Date: \_\_\_\_\_