

Preliminary Plan of Study
96-Hour Doctoral Program

Fill out the following form and return to graduate office no later than **October 15** (In the absence of specific course information, please indicate probable area and/or department of course along with semester)

NAME: _____

Advisor: _____

Please put an * by methods courses (6 hours minimum)

COMM Courses in Specialized area (15 hours)

Course ID	Course Title	Instructor	Semester
COMM			
COMM			
COMM			
COMM			
COMM			

COMM Courses in Second Area (9 hours)

Course ID	Course Title	Instructor	Semester
COMM			
COMM			
COMM			

COMM Courses in any Area (18-27 hours)

Course ID	Course Title	Instructor	Semester
COMM			
COMM			
COMM			
COMM			
COMM			

COMM			
COMM			
COMM			
COMM			

Outside COMM Course

Courses Outside of COMM (6 to 15 hours)

Course ID	Course Title	Instructor	Semester

Professional Development Courses (2 hours)

COMM 681	Prof Seminar		Fall
COMM 681	Prof Seminar		Spring

Combined Total 53 hours (minimum)

MY TOTAL: _____

Required Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

DGS: _____ Date: _____