

Preliminary Plan of Study

96-Hour Doctoral Program (Non-Thesis Option)

Fill out the following form and return to Kristan Poirot no later than **October 1, 2015**. (In the absence of specific course information, please indicate probable area and/or department of course along with semester)

NAME: _____

Advisor: _____

First 2 Years Course Work

Course in Area 1

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			

Course in Area 2

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			

Course in Area 3

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			

COMM Courses in any Area

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			

Outside COMM Course

Course ID	Course Title	Instructor	Semester

Elective Course (inside or outside)

Course ID	Course Title	Instructor	Semester

First 2 year Total= 36 hours

MY TOTAL: _____

Post-Thesis Hours

Courses in Specialized Area

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			

COMM Courses Outside Specialized Area

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			
COMM <input type="text"/>			

Courses in any COMM area (12-18)

Course ID	Course Title	Instructor	Semester
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			
COMM <input type="text"/>			

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

Combined Total 74 hours (minimum)

MY TOTAL: _____

Required Signatures:

Student: _____

Date: _____

Advisor: _____

Date: _____

DGS: _____

Date: _____