SCHOOL OF COMMUNICATION

Master' s Program

FORM II: PERMANENT PROGRAM – THESIS

Student Name: _____ WIN #: _____
(PLEASE PRINT)

Date Entered Program: _____
(PLEASE PRINT)

THESIS OPTION: *Please list semester and credits : minimum 30 credit hours required*

_____

REQUIRED COMMUNICATION COURSES

Communication Foundations

Select 2 of 3 below:

	DATE	CR	GRADE
COM 6820	____	____	_____
COM 6740	____	____	_____
COM 6450	____	____	_____

Communication Research

	DATE	CR	GRADE
COM 6010	____	____	_____

Select 1 of 2 below:

COM 6020	____	____	_____
COM 6050	____	____	_____

Thesis

COM 7000	____	____	_____	COM 7000	____	____	_____

_____

ELECTIVES

Communication

	DATE	CR	GRADE		DATE	CR	GRADE
COM _____	_____	_____	_____	COM _____	_____	_____	_____
COM _____	_____	_____	_____	COM _____	_____	_____	_____
COM _____	_____	_____	_____	COM _____	_____	_____	_____

Cognates
(maximum 6 credits)

COURSE	NUMBER	DATE	CR	GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____

TOTAL CREDIT HOURS: _____

_____ _____
STUDENT SIGNATURE DATE ADVISOR SIGNATURE DATE

_____

APPROVED:

_____ _____
DIRECTOR, GRADUATE STUDIES DATE DIRECTOR, SCHOOL OF COMMUNICATION DATE

Copies: File / Student / Advisor / Office of the Registrar