SCHOOL OF COMMUNICATION

Master's Program

FORM III: PERMANENT PROGRAM – COMPREHENSIVE EXAMS

Student Name: _____ WIN #: _____
(PLEASE PRINT

Date Entered Program: _____
(PLEASE PRINT)

COMPREHENSIVE EXAM 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	____	3	_____
COM 6740	____	3	_____
COM 6450	____	3	_____

Communication Research

	DATE	CR	GRADE
COM 6010	____	3	_____

Select 1 of 2 below:

COM 6020	____	3	_____
COM 6050	____	3	_____

ELECTIVES

Communication

	DATE	CR	GRADE
COM _____	_____	3	_____
COM _____	_____	3	3
COM _____	_____	3	_____
COM _____	_____	3	_____
COM _____	_____	3	_____
COM _____	_____	3	_____

Cognates
(maximum 6 credits)

	DATE	CR	GRADE	COURSE	NUMBER	DATE	CR	GRADE
COM _____	_____	3	_____	_____	_____	_____	3	_____
COM _____	_____	3	_____	_____	_____	_____	3	_____
COM _____	_____	3	_____	_____	_____	_____	3	_____

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