

Communication Studies Master's Program Approved Study Plan

Student _____ Student ID _____
 Address _____ Work phone _____
 Email _____ Home phone _____

DEPT.	COURSE NUMBER	COURSE TITLE	UNITS	QUARTER TAKEN	GRADE

Total Project/Thesis Units: _____ **Total Degree Units:** _____
Total Other Independent Study Units: _____ (32 units must be at the 500 or 600 level.)

Alternate Courses (in case of scheduling difficulties):

How was/will the Graduate Entrance Writing Requirement (be) met? _____

What will be the student's culminating experience, and how will this be evaluated?

 Student's Committee Chair date

 Committee member date

 Committee member date

 Dept. Graduate Coordinator date