

Specialized Concentration (18 units)
Department of Communication Studies
Program Code: CMIP

Catalog Description

Students may propose a unique, individualized and specialized 18-unit concentration if the proposed concentration is viable and if it fulfills objectives that cannot be met through one of the other Communication Studies concentrations (e.g., Media Studies, Relational and Organizational, and Strategic Communication). To be eligible for the Specialized Concentration, students must complete a proposal (see items below) for their program plan, including all the communication courses that they intend to take in the concentration and a rationale for the course of study. The proposal will be reviewed by a Communication Studies faculty advisor before a student can be approved for this concentration. Before declaring this concentration, a student must have completed the following core classes: COMM 2101, COMM 3101, and COMM 3102. Only 9 units of Communication Studies course work completed prior to such approval can be applied toward the specialized concentration. Importantly, this specialized concentration is not intended to bypass normal graduation requirements or to avoid certain requirements of a regular concentration offered by the department.

The Specialized Concentration Proposal Form can be located on the Department of Communication Studies website under FAQs:

<https://www.csusb.edu/communication-studies/graduate/frequently-asked-questions-0>

Directions:

- 1. If a student chooses to declare a Specialized Concentration, they must meet with a Communication Studies faculty advisor to confirm this is the appropriate path and begin completing this form together.**
- 2. Once a student has decided they would like to declare a Specialized Concentration they should complete this form. Assuming their faculty advisor is in agreement, the student then completes the form below, which includes a rationale for the specialized concentration and a selection of courses.**
- 3. Once the form is completed, the student schedules a meeting with their faculty advisor to confirm details of the form. If there is agreement on the form details, the faculty advisor will sign the form and the form is routed to the Department Chair for signature.**
- 4. Once the form has been circulated for signatures, students will need to submit a "Change of Major" request form with the Office of the Registrar and pay the fee. Please note that if classes on the plan of study change, a new plan of study must be completed, approved, and submitted to the Office of the Registrar.**
- 5. If the student has already declared "Specialized Concentration" then a completed and signed form will fulfill the "proposal" requirement.**

Date: _____

Coyote ID: _____

Student Name: _____

Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Total Number of Units (not courses) Taken in COMM: _____

Total Number of Units (not courses) Taken toward degree: _____

Develop a statement of goals and objectives for the specialized concentration which specifically addresses the following: What is the purpose or focus of this specially designed concentration? Make sure to explain why the other concentrations do not meet the student's needs.

Explain why the other concentrations do not meet the student's needs.

What skills does the student already have? What additional knowledge is needed?

What is the best way to reach the goal?

What is the student's career objective? Are there plans for advanced training and study?

Courses proposed to be included in the Specialized Concentration plan. These communication courses should align with your previously stated objective for completing this concentration.

- Do not include Communication Core Courses (2101, 3101, 3102, 4101, 4102)
- Do not include Experiential Learning Courses (2291, 2292, 2293, 2391, 2393, 2491, 2492, 2592, 2593, 4291, 4292, 4293, 4391, 4392, 4393, 4491, 4492, 5792, 5793, 5794)
- Only 9 units from courses you have completed or in progress may be included.

Communication Course(s)	Number of Units	Semester/Year
		C: Completed IP: In Progress N: Needs
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Alternative Electives (Should the aforementioned not be offered)

Communication Course(s)	Number of Units
<hr/>	<hr/>
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Student Name & Signature Date

Faculty Advisor Name & Signature Date

Department Chair Name & Signature Date

*Please note that if classes on the plan of study change, a new plan of study must be completed, approved, and submitted to the Office of the Registrar.