



PROGRAM OF STUDY – MASTER’S

Name _____ PID _____

Primary Focus _____

Secondary Focus _____

Date of Matriculation _____ Projected Date of Graduation _____

Previous Professional Positions _____

Career Goal(s) _____

Program Objectives (These are to reflect primary and secondary focus)

1. _____

2. _____

We the undersigned, have agreed to accept the following program of study for the student indicated herewith. Diagnostic and/or comprehensive examinations will be based on student objectives as stated, required and elective course work, and recommended readings. Minor changes in the program of study may be made with the approval of the Chair; major changes will be brought to the committee at the discretion of the chair.

Program Committee (Signatures of Approval)

Chair (MDIA) _____
(Name typed or printed) *(Signature)*

MDIA _____
(Name typed or printed) *(Signature)*

Other _____
(Name typed or printed) *(Signature)*

Optional _____
(Name typed or printed) *(Signature)*

Student's Signature of Agreement:

_____ Date _____

PRIMARY FOCUS

Course No.	TITLE	No. Hours	Semester/Year	Instructor
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I. REQUIRED COURSE WORK

MDIA 6000	Introduction to Graduate Studies	1	Fall	
MDIA 6010	Introduction to Mass Communication Research	4	Fall	

II. COURSE WORK IN MEDIA ARTS & STUDIES SPECIALIZATION

III. OTHER COURSE WORK IN MEDIA ARTS & STUDIES

IV. COURSE WORK OUTSIDE MEDIA ARTS & STUDIES (*Minimum of 7 hours*)

* Proposed Thesis Topic (*4 hours*) _____

**Note: A Thesis is not required. You may opt to take a 6-hour comprehensive examination instead.*

Minimum total of all coursework is 36 credit hours.