

**FORM A**  
**PROPOSED PROGRAM OF STUDY**  
**DEPARTMENT OF COMMUNICATION STUDIES**

**Instructions:** This form is for department uses only. It may be adapted to fit your specialized program. Please type or print clearly. After you have filled out the form with advisor and completed the Rationale for Program of Study, place Form B on top and distribute to the Supervisory Committee for approval.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

BA Institution: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

MA Institution: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Projected Year of Graduation: \_\_\_\_\_ Semester: \_\_\_\_\_

Advisor \_\_\_\_\_

Supervisory  
Committee Members \_\_\_\_\_

Reading Committee \_\_\_\_\_

Proposed Dissertation Title or  
Subject Area \_\_\_\_\_

**Degree Requirements:**

Minimum of 90 credits required including:

45-54 credits of coursework past Master's degree (total number to be determined in consultation with the Supervisory Committee) consisting of:

12 credits minimum of Communication Studies courses in a primary area

9 credits minimum of Communication Studies courses in a secondary area (within a departmental area or combined into a cohesive secondary area)

15 credits minimum of research methods (from Master's & Ph.D.)

Additional credits inside and outside of Communication Studies to establish primary specialization\*

30 credits maximum transferred from Master's degree

12 credits minimum of dissertation credits

\*While we recommend the Preparing Future Faculty Program (PFF), it will not count in the first 45 credits

Not fewer than 45 semester hours must be completed at UNL.







\*Be sure that you are counting MA credits only *once!*

**SECTION III: SUMMARY OF HOURS**

Research Methodology	_____	Hours (min. 15 MA & Ph.D.)
Primary Area of Concentration	_____	Hours
Secondary Area of Concentration	_____	Hours
Related Interest Area (optional)	_____	Hours
Miscellaneous Hours	_____	Hours
Dissertation Hours	_____	Hours (minimum 12)
Transferred Hours from MA	_____	Hours (maximum 30)
TOTAL HOURS	_____	

\*Total minimum of 90 hours

\*\*\*please check your math

**SECTION IV: TENTATIVE COMPREHENSIVE EXAMINATION PLAN**

4 Hours in	_____	Primary Area of Concentration
4 Hours in	_____	Secondary and Related Areas of Concentration
4 Hours in	_____	Research Methodology

**Rationale for Program of Study** Attach a Rationale for Program of Study. This 1-2 page statement presents the student's argument for the configuration of courses and areas of specialty s/he is proposing (include MA and Ph.D.). Pay particular attention to a rationale that integrates the areas chosen. Prepare this argument with an eye toward organizing and choosing coursework, guiding research and areas of specialty, as well as to looking forward to how one will present credentials upon graduation.

**FORM B**  
**Ph.D. PROGRAM OF STUDY APPROVAL FORM**  
**DEPARTMENT OF COMMUNICATION STUDIES**

Student: \_\_\_\_\_

Advisor: \_\_\_\_\_

Supervisory Committee Members:

\_\_\_\_\_  
\_\_\_\_\_

Committee Members: Please review the attached proposed Program of Study, fill in the committee response portion of this memo and sign the Program of Study. The advisor will work with the suggestions of the committee (feel free to contact advisor directly), and the student will return the form with changes, if necessary.

**RETURN THIS FORM BY:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
(Advisor's Name) (Office Address) (Email) (Telephone Number)

<input type="checkbox"/> Approve	<input type="checkbox"/> Request a meeting
<input type="checkbox"/> Approve with the following changes:	<input type="checkbox"/> Disapprove (please discuss with advisor)
_____	_____
Signature	Date

<input type="checkbox"/> Approve	<input type="checkbox"/> Request a meeting
<input type="checkbox"/> Approve with the following changes:	<input type="checkbox"/> Disapprove (please discuss with advisor)
_____	_____
Signature	Date

<input type="checkbox"/> Approve	<input type="checkbox"/> Request a meeting
<input type="checkbox"/> Approve with the following changes:	<input type="checkbox"/> Disapprove (please discuss with advisor)
_____	_____
Signature	Date

<input type="checkbox"/> Approve	<input type="checkbox"/> Request a meeting
<input type="checkbox"/> Approve with the following changes:	<input type="checkbox"/> Disapprove (please discuss with advisor)
_____	_____
Signature	Date

\_\_\_\_\_  
Director of Graduate Studies Signature

\_\_\_\_\_  
Date