

TELECOMMUNICATION AND FILM DEPARTMENT
GRADUATE PROGRAM PROPOSAL



NAME: _____ SS#: _____

DATE: _____

List each course number, course title, credit hours, term during which the course will be completed and course instructor if known.

<u>Course No.</u>	<u>Course Title</u>	<u>Hours</u>	<u>Term</u>	<u>Instructor</u>
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Undergraduate Course Deficiencies to be Completed, if Any:

Courses Required of All TCF Graduate Students:

MC 550 Comm. Research Methods	3	_____	_____
MC 551 Comm. Theory	3	_____	_____
TCF 553 Sem. in Telecom. or 577 Cinema Sem.	3	_____	_____
TCF 597 Ind. Res. or 598 Res. Proj. or 599 Thesis Res.	3-6	_____	_____

Courses Proposed to Complete My Graduate Program:

This student's Program Committee, composed of professors: _____,
_____, _____, and _____,
has approved this plan.

Student's Advisor (Date)

The Graduate Coordinating Committee for the Department has reviewed the plan and finds it satisfactory.

(Chair, TCF Graduate Coordinating Committee) (Date)