

MA/MS Program of Study



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date of Approval: _____

UNID: _____

Degree: Master of Arts Master of Science
This degree to be completed at the end of Semester/Year: _____

Select one: Thesis Project Comprehensive Exams

Include the Program of Study document with this form's submission. If work from another university is to be included in the course work, please check with Admissions to verify that official transcripts have been evaluated and recorded on the University of Utah record.

The program of study as outlined has been approved by the applicant's supervisory committee listed below:

Name: _____ Signature: _____
Committee Chair

Name: _____ Signature: _____
Committee Member

Name: _____ Signature: _____
Committee Member

Name: _____ Signature: _____
Director of Graduate Studies/Department Chair

Notes: