

Plan of Study

Amendment Form

For Master of Arts Degree in Communication Studies

Student's Name
Local Address

Advisor's Signature:

Date Submitted: _____

Name of Course(s) to be Added (Substitution)

Name of Course(s) to be Deleted

- 1.
- 2.
- 3.



Reason(s) for Substitution

Date Confirmed/Filed: _____

Graduate Program Director: _____