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| NAME:         | PAWS ID #: | ACADEMIC YEAR: |
| SECOND MAJOR: | MINOR:     | SECOND MINOR:  |

| MAJOR PROGRAM REQUIREMENTS  | LIBERAL LEARNING REQUIREMENTS & ELECTIVES        | CIVIC RESPONSIBILITIES, PROFICIENCIES, & MINOR |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
|---|--|--|--------------------------|----------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|---------|--------------------------|--------------------|--------------------------|---------|--------------------------|--|--------------------------|--|--------------------------|----------|--------------------------|----------------------------------|--------------------------|----------|--------------------------|---------|--------------------------|---------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|----------|--------------------------|----------------------------------|--------------------------|----------|--------------------------|--------------------|--------------------------|---------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|----------------|--------------------------|--|----------------|--------------------------|--|----------------|--|--------------------------|--|------|--------------------------|--|------|--------------------------|--|------|--------------------------|--|------|--------------------------|--|----------|--------------------------|--|----|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--------------------------|--|--|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|-----------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|----------------------------------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| <p><b>Major Options &amp; Specializations</b><br/>(12 Courses Total)<br/><i>Check off courses as you complete them</i></p> <p><b>Radio, TV, &amp; Film Specialization</b><br/>(9 Courses)</p> <p>Required:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>COM 103*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 117* or COM 118*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 211 or COM 212*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 242 or COM 310</td></tr> <tr><td><input type="checkbox"/></td><td>COM 312</td></tr> <tr><td><input type="checkbox"/></td><td>COM 381 or COM 390</td></tr> <tr><td><input type="checkbox"/></td><td>COM 442</td></tr> </table> <p><i>Choose and write in two additional courses from the Column III on the second sheet (300 level or higher):</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p><b>Public &amp; Mass Communication Specialization</b><br/>(9 Courses)</p> <p>Required:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>COM 103*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 117* or COM 118* or COM 242*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 172*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 310</td></tr> <tr><td><input type="checkbox"/></td><td>COM 390</td></tr> </table> <p><i>Choose and write in four additional courses from the Column II on the second sheet:</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p><b>Interpersonal/Organizational Specialization</b><br/>(9 Courses)</p> <p>Required:</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>COM 103*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 117* or COM 118* or COM 310*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 242*</td></tr> <tr><td><input type="checkbox"/></td><td>COM 342 or COM 335</td></tr> <tr><td><input type="checkbox"/></td><td>COM 390</td></tr> </table> <p><i>Choose and write in four additional courses from this Column I on the second sheet:</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p><b>Communication Studies Electives</b><br/>(3 Courses for RTVF, P/M, &amp; I/O tracks)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td>I/O, P/M, RTVF</td></tr> <tr><td><input type="checkbox"/></td><td></td><td>I/O, P/M, RTVF</td></tr> <tr><td><input type="checkbox"/></td><td></td><td>I/O, P/M, RTVF</td></tr> </table> <p>- These COM Electives are independent from your specialization electives above.<br/>                     - For RTF, you must take 3 COM Electives.<br/>                     - For P/M, you must take 3 COM Electives.<br/>                     - For I/O you must take 3 COM Electives.</p> <p>* C+ or better</p> | <input type="checkbox"/>                         | COM 103*                                       | <input type="checkbox"/> | COM 117* or COM 118* | <input type="checkbox"/> | COM 211 or COM 212* | <input type="checkbox"/> | COM 242 or COM 310 | <input type="checkbox"/> | COM 312 | <input type="checkbox"/> | COM 381 or COM 390 | <input type="checkbox"/> | COM 442 | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | COM 103* | <input type="checkbox"/> | COM 117* or COM 118* or COM 242* | <input type="checkbox"/> | COM 172* | <input type="checkbox"/> | COM 310 | <input type="checkbox"/> | COM 390 | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | COM 103* | <input type="checkbox"/> | COM 117* or COM 118* or COM 310* | <input type="checkbox"/> | COM 242* | <input type="checkbox"/> | COM 342 or COM 335 | <input type="checkbox"/> | COM 390 | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | I/O, P/M, RTVF | <input type="checkbox"/> |  | I/O, P/M, RTVF | <input type="checkbox"/> |  | I/O, P/M, RTVF | <p><b>Arts &amp; Humanities</b><br/>(2 courses)<br/>Literary, Visual, and Performing Arts (LVPA)<br/>World Views and Ways of Knowing (WVWK)<br/>(Select one from each category)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td>LVPA</td></tr> <tr><td><input type="checkbox"/></td><td></td><td>WVWK</td></tr> </table> <p><b>Social Science &amp; History</b><br/>(2 Courses)<br/>Behavioral, Social or Cultural Perspectives (BSCP)<br/>Social Change in Historical Perspective (SCHP)<br/>(Select one from each category)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td>BSCP</td></tr> <tr><td><input type="checkbox"/></td><td></td><td>SCHP</td></tr> </table> <p><b>Natural Sciences &amp; Quantitative Reasoning</b><br/>(2 Courses)<br/>Natural Science (NS)<br/>Quantitative Reasoning (QR)<br/>(Select one from each category, must have at least one lab science)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td>NS (LAB)</td></tr> <tr><td><input type="checkbox"/></td><td></td><td>QR</td></tr> </table> <p><b>Complete two additional courses by selecting two of the following three options:</b><br/>(2 Courses)</p> <ul style="list-style-type: none"> <li>• LVPA or WVWK</li> <li>• BSCP or SCHP</li> <li>• NS or QR</li> </ul> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> </table> <p><b>General Electives</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td><td></td></tr> </table> | <input type="checkbox"/> |  | LVPA | <input type="checkbox"/> |  | WVWK | <input type="checkbox"/> |  | BSCP | <input type="checkbox"/> |  | SCHP | <input type="checkbox"/> |  | NS (LAB) | <input type="checkbox"/> |  | QR | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  |  | <p><b>Civic Responsibilities</b><br/>May be met through Courses, Programs or Sustained Experiences</p> <p>Community Engaged Learning</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p>Gender</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p>Global Perspective</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p>Race &amp; Ethnicity</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> </table> <p><b>Intellectual &amp; Scholarly Growth</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>FYW 101 (if required)</td></tr> <tr><td><input type="checkbox"/></td><td>FYW 102 (if required)</td></tr> </table> <p><b>Writing Intensive Courses</b><br/>(3 Courses)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td>FYS First Year Seminar</td></tr> <tr><td><input type="checkbox"/></td><td>COM 172 (second level)</td></tr> <tr><td><input type="checkbox"/></td><td>COM 390 or COM 381 (third level)</td></tr> </table> <p><b>Second Language Proficiency</b><br/>(Up to 3 Courses)<br/>Demonstrated proficiency at the Low Intermediate Level (based on language placement test result)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>CHECK HERE IF PLACED OUT OF LANGUAGE REQUIREMENT</td></tr> </table> <p><b>Minor:</b> _____<br/>(Typically 5 Courses)</p> <table border="1"> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table> | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | FYW 101 (if required) | <input type="checkbox"/> | FYW 102 (if required) | <input type="checkbox"/> | FYS First Year Seminar | <input type="checkbox"/> | COM 172 (second level) | <input type="checkbox"/> | COM 390 or COM 381 (third level) | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> | CHECK HERE IF PLACED OUT OF LANGUAGE REQUIREMENT | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <input type="checkbox"/>  | COM 103*   |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 117* or COM 118*                             |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 211 or COM 212*                              |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 242 or COM 310                               |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 312  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 381 or COM 390                               |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 442  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 103*   |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 117* or COM 118* or COM 242*                 |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 172*   |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 310  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 390  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 103*   |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 117* or COM 118* or COM 310*                 |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 242*   |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 342 or COM 335                               |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 390  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | I/O, P/M, RTVF                                 |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | I/O, P/M, RTVF                                 |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | I/O, P/M, RTVF                                 |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | LVPA   |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | WVWK   |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | BSCP   |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | SCHP   |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | NS (LAB)                                       |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  | QR   |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | FYW 101 (if required)                            |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | FYW 102 (if required)                            |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | FYS First Year Seminar                           |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 172 (second level)                           |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | COM 390 or COM 381 (third level)                 |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  | CHECK HERE IF PLACED OUT OF LANGUAGE REQUIREMENT |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <input type="checkbox"/>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |
| <p><b>NOTES</b></p> <p>- This program planner outlines the average Communication Studies major's requirements. It does not necessarily reflect the requirements of all majors, such as dual majors, double majors, transfer students, and students with multiple minors.</p> <p>- This program planner does not include some other requirements necessary for graduation, such as information literacy proficiency.</p> <p>- For the most accurate representation of your academic requirements, view your "Academic Requirements" pages in PAWS.</p> <p>- This sheet is a checklist to be used by the student and his/her advisor.</p> <p>- 270/370 Special Topics are offered occasionally and may count as electives: check with your academic advisor.</p>  |  |  |                          |                      |                          |                     |                          |                    |                          |         |                          |                    |                          |         |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |         |                          |         |                          |  |                          |  |                          |  |                          |  |                          |          |                          |                                  |                          |          |                          |                    |                          |         |                          |  |                          |  |                          |  |                          |  |                          |  |                |                          |  |                |                          |  |                |  |                          |  |      |                          |  |      |                          |  |      |                          |  |      |                          |  |          |                          |  |    |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |                          |  |  |  |                          |  |                          |  |                          |  |                          |  |                          |                       |                          |                       |                          |                        |                          |                        |                          |                                  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |                          |  |

**COM Communication Studies Major Courses**

| <b>Interpersonal &amp; Organizational<br/>Communication Specialization<br/>Column I</b>  | <b>Public &amp; Mass Communication<br/>Specialization<br/>Column II</b>  | <b>Radio/TV/Film<br/>Specialization<br/>Column III</b>  |
|--|--|---|
| <p><b>Required:</b></p> <p>COM 103<br/>COM 117 or COM 118 or COM 310<br/>COM 242<br/>COM 342 or COM 335<br/>COM 390</p> <p><b>Elective:</b></p> <p>COM 240: Public Speaking in Bus. &amp; Gov.<br/>COM 250: Small Group Communication<br/>COM 261 Introduction to Public Relations<br/>COM 293: Health &amp; Risk Communication: A Social Marketing Approach (formerly COM403)<br/>COM 300: Intergender Communication<br/>COM 313: Philosophy of Communication<br/>COM 335: Interpersonal Health Communication (formerly COM 370 TPCS: Interpersonal Health Communication)<br/>COM 343: Looking at Women: Representation, Feminism &amp; Film</p> <p>COM 345: New Media and Health Communication<br/>COM 371: Strategies of Public Relations<br/>COM 377: Conflict and Collaboration (formerly COM 370 Conflicts in Context)<br/>COM 371: Strategies of Public Relations<br/>COM 411: Intercultural/Racial Communication<br/>COM 441: Organizations &amp; Leadership<br/>COM 460: Global Health, Communication, and Social Change<br/>COM 487: Advanced Student-Faculty Research</p> | <p><b>Required:</b></p> <p>COM 103<br/>COM 117 or COM 118 or COM 242<br/>COM 172<br/>COM 310<br/>COM 390</p> <p><b>Elective:</b></p> <p>COM 117: Introduction to Film Studies<br/>COM 118: Introduction to Television Studies<br/>COM 201: Social Media: History, Theory, Practice (formerly COM370 Disruptive Force of Social Media)<br/>COM 209: Broadcast Journalism<br/>COM 210: Mass Media &amp; the First Amendment<br/>COM 240: Public Speaking in Bus. &amp; Gov.<br/>COM 241: Argument &amp; Debate<br/>COM 242: Interpersonal Communication<br/>COM 261 Introduction to Public Relations<br/>COM 271: Film &amp; Society<br/>COM 280: American Political Communication<br/>COM 293: Health &amp; Risk Communication: A Social Marketing Approach (formerly COM 403)<br/>COM 313: Philosophy of Communication<br/>COM 345: New Media and Health Communication<br/>COM 371: Strategies of Public Relations<br/>COM 372: Theories &amp; Effects of Media Communication (formerly COM 272)<br/>COM 380: Public Discussion of Vital Issues<br/>COM 411: Intercultural/Racial Communication<br/>COM 415: International Communication<br/>COM 441: Organizations &amp; Leadership<br/>COM 460: Global Health, Communication, and Social Change<br/>COM 487: Advanced Student-Faculty Research</p> | <p><b>Required:</b></p> <p>COM 103<br/>COM 117 OR COM 118<br/>COM 211 OR COM 212<br/>COM 242 OR COM 310<br/>COM 312<br/>COM 381 OR COM 390<br/>COM 442</p> <p><b>Elective:</b></p> <p>COM 209: Broadcast Journalism<br/>COM 211: Motion Picture Production<br/>COM 212: Intro to TV Studio<br/>COM 225: Writing and Announcing for Broadcast (formerly COM 270)<br/>COM 255: Acting for Stage and Screen<br/>COM 269: Introduction for Audio Production<br/>COM 271: Film &amp; Society<br/>COM 311: Motion Picture Production II<br/>COM 325: Writing for Film and Television<br/>COM 343: Looking at Women: Representation, Feminism &amp; Film<br/>COM 350: Documentary Production<br/>COM 368: Lighting &amp; Cinema<br/>COM 369: Adv. Radio &amp; Audio Prod.<br/>COM 381: Issues in Film History<br/>COM 430: Directing for the Camera<br/>COM 487: Advanced Student-Faculty Research</p> |