

Ph.D. Program Review, Department of Communication Studies, SIUC

SECOND SEMESTER REVIEW FOR: _____

I. COURSEWORK:

A. ___ Master of Arts ___ Master of Science

1. Completion Date (month, year): _____

2. Granting University (name): _____

Course #	Course Name	Instructor	Credit Hrs.	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		Total =	_____	_____
			Hours	GPA

4. Thesis/Research Report Title:

B. Doctor of Philosophy Degree

Course #	Course Name	Instructor	Credit Hrs.	Grade (or write current)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Methodology: _____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. METHODOLOGY

Provide an expository statement describing the general problem/topic and methodology for the dissertation. If the methodology involves credit hours outside the department, indicate what the courses are and specifically request approval for those courses.

III. DISSERTATION

A. Proposed dissertation topic/title, if known at the time of the review:

B. This dissertation will require a Human Subjects clearance: _____ Yes _____ No

IV. On a separate sheet of paper, please outline a projected timeline for completion of the doctoral degree.

V. ADVISORY COMMITTEE RECOMMENDATION

Continuation _____ Change _____ Termination _____

Date: _____

Subject to the following conditions (if any):

Advisory Committee:

Chair: _____

Member: _____

Member: _____

VI. DEPARTMENTAL APPROVAL

Continuation _____ Change _____ Termination _____

Subject to the following conditions (if any):

Director of Graduate Studies