

MASTER OF ARTS

PROPOSED PROGRAM OF STUDY

ENGLISH - Professional and Technical Communication HANDWRITTEN FORMS WILL NOT BE ACCEPTED

T No		Name					
	Course Number	Course Descripti	on	Where Taken	Term Completed	Sem. Hrs.	Grade
Back Ground or Transfer							
Required Core	ENGL 6000	Introduction to Graduate Studi	es			3	
American Lit.(6000)						3	
British Lit. (6000)						3	
Pick Three	PC 5850	Internship			3		
	PC 5940	Technical Editing				3	
Content Courses	PC 5970	Professional Communication II				3	
	PC 5990	Seminar in Professional Commu			3		
	ENGL 6010	Teaching Composition				3	
	PC 6040 or	Special Topics in Prof. & Tech. Co			3		
	PC 6050	The Rhetoric of STEM Profession			3		
Content Courses	PC 6030	Core Issues & Research in Prof.			3		
	PC 6040 or	Special Topics in Prof. & Tech. Comm. & Industry				3	
	PC 6050	The Rhetoric of STEM Profession			3		
Thesis & Research	ENGL 6990	Research and Thesis				3	
	ENGL 6990	Research and Thesis			3		
Non- Thesis		OR					
	ENGL 6890	Directed Research				3	
	PC 5850	Internship			3		
Graduate Level Elective						3	
*No more than 9 ho	ours of 5000 level	courses. TOTAL Semester Ho	ours Credit to be Counted	d Toward Deg	gree	30/33	
	al is required or	ubjects in your research? ne semester prior to graduation. Co	ES ontact your advisor for		NO mation.		
ROVED ADVISORY COMM		(term)	(year)	_			
Chairperson		Date	Departmental Chairperson				Date
Member Date Dear			Dean of College	Dean of College			Date
Member		Date	College of Graduate Studies Designee				Date

NOTICE:

Member

ALL SIGNATURES VERIFY APPROVAL OF TOTAL FORM

- 1. A graduate student shall be enrolled for at least one course appropriate to the degree objective during the term in which the degree is awarded.
- 2. Application for graduation must be submitted by deadline published in catalog and the online Academic Calendar.

Date

APPLICATION FOR ADMISSION TO CANDIDACY AND APPOINTMENT OF ADVISORY COMMITTEE

I certify that I have satisfactorily completed nine semester hours of graduate work and hereby apply for admission to candidacy and request that the following members of the Graduate Faculty serve on my Graduate Advisory Committee.

(Please <u>type</u> the names of the graduate faculty you the blanks below. Please <u>do not</u> have the faculty		
	,Chairperson	
	,Member	
	,Member	
	,Member	
Ohadaasia Nama		Τ. (
Student's Name(Type in a	name)	_
Student's Signature_		
For Graduate Studies Office Use Only:		
Major Subject:		
Date Admitted to Full Standing:		
<u> </u>		
Graduate Credits Completed at TTU:	Other Univ	/ersities:
Graduate Credits Completed at TTU: Graduate Quality Point Average at TTU:		
	Other Univ	versities: