

**Department of Advertising + Public Relations (7/13)**  
**Public Relations Plan of Study** (Page 1 of 2)

Directions: A completed and fully approved form must be turned into the MA Studies office by the end of the 8<sup>th</sup> week of your first semester.

Name: \_\_\_\_\_ PID: A \_\_\_\_\_

Email: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Status: \_\_\_\_\_ Provisional \_\_\_\_\_ Regular

**Provisional Requirements** \*These courses do not count towards your degree.\*

Course Number	Course Title	Credits	Semester	Grade

**Required Courses**

Course Number	Course Title	Credits	Semester	Grade
MKT 805	Marketing Management	3		
ADV 850	Public Relations Management	3		
ADV 855	Public Relations Theory	3		
ADV 860	Media Relations	3		
COM/ADV 803	Intro Quantitative Research Methods	3		
ADV 899	Master's Thesis Research (Plan A students only, 4-8 credits)			

**Total: 15 or \_\_\_\_\_**

**Electives (15 credits from those listed below or approved by your adviser)**

Course Number	Course Title	Credits	Semester	Grade
ADV 420	New Media Driver's License	3		
ADV 823	Consumer Behavior	3		
ADV 830	Seminar in Social Marketing	3		
ADV 836	Media Innovations	3		
ADV 843	Strategic Brand Communication	3		
ADV 846	Media Strategy	3		
ADV 865	Advertising and Society	3		
ADV 890*	Independent Study			
ADV 893*	Internship			
ADV 892*	Special Topics			
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\*Limit of 6 credits in ADV 890 or ADV 893, not more than 6 credits combined may be counted towards the degree. \*\*Limit of 9 credits ADV 892.

**Total: \_\_\_\_\_**

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Name: \_\_\_\_\_ PID: A \_\_\_\_\_

\_\_\_\_\_ Plan A Thesis ( ADV 899 4-8 credits).

Thesis proposal due \_\_\_\_\_  
(normally 1 semester prior to graduation)

\_\_\_\_\_ Plan B Culmination Experience

Supervised Course to be used for the poster presentation: \_\_\_\_\_

**TOTAL CREDITS** \_\_\_\_\_  
(MUST EQUAL AT LEAST 30)

**Program Schedule by Semester**

Semester	Year	_____	Courses	_____	_____
Semester	Year	_____	Courses	_____	_____
Semester	Year	_____	Courses	_____	_____
Semester	Year	_____	Courses	_____	_____
Semester	Year	_____	Courses	_____	_____
Semester	Year	_____	Courses	_____	_____

\_\_\_\_\_  
Academic Adviser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies Signature

\_\_\_\_\_  
Date