



# Nicholson School of Communication and Media

## Graduate Program Comprehensive Exam Registration

Name \_\_\_\_\_ PID \_\_\_\_\_

KnightsMail Address \_\_\_\_\_ NID \_\_\_\_\_

Semester admitted \_\_\_\_\_ Semester of  
intended graduation \_\_\_\_\_

Total Credits \_\_\_\_\_

Earned \_\_\_\_\_ Currently Enrolled? (Y/N) \_\_\_\_\_

Will you need special accommodations? ☐ Yes ☐ No

CORE CLASSES			
Class Title	Prefix & Number	Instructor	Semester Taken & Grade Earned
ProSeminar in Communication	COM 6008		
Intro to Communication Research	COM 5312		
Communication Theory	COM 6401		
Qualitative OR Quantitative Research Methods	Com 6403 OR COM 6404		

ELECTIVE CLASSES			
Class Title	Prefix & Number	Instructor	Semester Taken

COMMITTEE			
Role	UCF ID	Name	Signature
Chair			
Member			
Member			

*I understand and will adhere to the Nicholson School of Communication and Media Comprehensive Exam Policy.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Submit completed form to Graduate Program Assistant.