

THE UNIVERSITY OF
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TUCSON ARIZONA

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SCHOOL OF JOURNALISM MA ADVISING FORM

Student Name: _____ **Student ID:** _____

Term: _____

Course Selection:

Dept. No.	Title	Day/Time	Instructor	Credits
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Student*

Date

Director of Graduate Studies

Date

* By signing this form I acknowledge that I must request any changes to this schedule through the DGS.