NAME: ____________________________________________

New/Revised Expected Graduation Date (Month/Year): _______________________________________

Other concentrations (majors or minors) you plan to complete: __________________________________

<table>
<thead>
<tr>
<th>Department</th>
<th>Course</th>
<th>Course Title</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCST</td>
<td>110</td>
<td>Texts and Power: Foundations of Cultural Studies (must be completed by semester of declaration or, in rare cases, in the semester immediately following declaration or declaration is void).</td>
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<tr>
<td>MCST</td>
<td>128</td>
<td>Film Analysis and Visual Culture</td>
<td></td>
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<td></td>
<td>126 or</td>
<td>Local News Media Institutions</td>
<td></td>
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<tr>
<td>MCST</td>
<td>202</td>
<td>Global Media Industries</td>
<td></td>
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</tbody>
</table>

(Circle one. May take both 126 and 202 and apply one as an elective)

One (1) advanced course on Theory and Media/Culture (MCST 110 or equivalent as prerequisite):

The following courses fulfill this requirement: MCST 334, Cultural Studies and the Media; MCST 376, Critical Social Theory and the Media; or another course with advisor approval.

Two (2) courses on Race or Gender/Sexuality and the Media:

The following courses fulfill this requirement: MCST 315, Gender, Sexuality and Film; MCST 331, Racial Formation, Culture and U.S. History; MCST 354, Blackness in the Media; or another course with advisor approval.

One (1) course on Analyzing Media Forms or Making Media:

The following courses fulfill this requirement: MCST 114, News Reporting and Writing; MCST 234, Introduction to New Media; MCST 247, Documentary Film and Video; MCST 248, History of Film, 1893-1941; MCST 249, History of Film Since 1941; MCST 313, Gender, Sexuality and Film; or another course with advisor approval.

Two (2) department or approved electives in Media and Cultural Studies:

One (1) Capstone:

MCST 488 Advanced Topics Seminar

Dept. T = Transfer Course

Advisor's Signature ___________________________ Date __________

Department Chair Signature ___________________________ Date __________

Registrar's Office ________