

Missouri State University
Undergraduate Certificate in Conflict and Dispute Resolution
Program Plan of Study

Name: _____ M-Number#: _____

Mailing Address: _____

Telephone: _____ Email: _____

Student Signature: _____

INSTRUCTIONS:

1. Work with your certificate program advisor to determine the courses to be taken towards the certificate. List the courses below. Refer to the [Undergraduate Catalog](#) for program requirements.

Select either
 COM 511
 or
 COM 521

Course	Title	Hours	Semester/Year
COM 205	Interpersonal Communication	3	
COM 311	Introduction to Conflict Resolution Studies	3	
COM 511	<i>Conflict and Communication OR</i>	3	
COM 521	<i>Communication, Mediation and Negotiation</i>	3	
COM 495	Communication Internship	1	
Electives			
Total Required Hours:		16	

Plan of Study Approval

 Certificate Program Advisor Signature

 Date

Keep a copy of this form for your records and return a copy to:
 The Center for Dispute Resolution
 fax 417-836-8831, email CDR@MissouriState.edu, office PCOB 212