

**BECA GRADUATION CHECKLIST/EQUIVALENCY & DEPARTMENT PERMISSION**

Name		Date Entered SFSU	
SFSU ID #		Bulletin Year	
Phone		Emphasis	
Email		Advisor	
Address		Date of Initial Meeting	

**PREREQUISITE CORE – 9 units & Department Permission - - See reverse side.**

Course Number	Course Name	Equivalent Course Work	Institution/Year	Units	Grade	Advisor OK
BECA 200	Intro To Elec. Comm.	Title/#				
BECA 300	BECA Research	Title/#				
BECA 340	Media Aesthetics	Title/#				

**CORE FOUNDATION AREAS-16 units**

At least one course must be taken in each of the four areas listed below, plus one additional course from one area below for a total of 16 units.

**Audio and Video Production**

Course Number	Course Name	Equivalent Course Work	Institution/Year	Units	Grade	Advisor OK
BECA 230/231	Audio Production & Lab	Title/#				
BECA 240/241	Video Production & Lab	Title/#				

**Regulatory/Economic/Ethical Perspectives**

Course Number	Course Name	Equivalent Course Work	Institution/Year	Units	Grade	Advisor OK
BECA 324	Law & Regulation	Title/#				
BECA 423	Economic Aspects	Title/#				
BECA 460	News on Broadcast	Title/#				

**Mass Communication Theory & Criticism**

Course Number	Course Name	Equivalent Course Work	Institution/Year	Units	Grade	Advisor OK
BECA 321	Critical Study Pop Culture	Title/#				
BECA 390	Age of Information	Title/#				
BECA 422	Social Aspects Elec. Media	Title/#				

**Writing & Performance**

Course Number	Course Name	Equivalent Course Work	Institution/Year	Units	Grade	Advisor OK
BECA 350	Media Performance I	Title/#				
BECA 370	Writing for Electronic Media	Title/#				

**ELECTIVES in Area of Emphasis-20 units**

Most electives should be upper division courses taken at SFSU-*Please see a BECA faculty advisor.*

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Requirements	Units	Total Completed
Total Core	25	
Electives	20	
<b>TOTAL FOR B.A.</b>	<b>45</b>	

NAME \_\_\_\_\_

In consultation with your advisor, list below the major courses you plan to take to complete your BECA program by your intended graduation date.

COURSE	SEMESTER

I intend to graduate at the end of:    \_\_\_ Fall    \_\_\_ Spring    \_\_\_ Summer \_\_\_ Year

Additional Notes:

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\_\_\_\_\_

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**Advising Session LOG**

Advisor		Date		Advisor		Date	
Advisor		Date		Advisor		Date	
Advisor		Date		Advisor		Date	
Advisor		Date		Advisor		Date	
Advisor		Date		Advisor		Date	

## BECA Department Permission

The student identified above has permission to enroll in BECA production courses. All students seeking a Bachelor’s Degree from the Broadcast and Electronic Communication Arts department must complete this form and have it signed by a faculty advisor.

<b>Faculty Advisor Name (Print)</b>	
<b>Faculty Advisor Signature</b>	

**WHAT DO YOU DO WITH THIS FORM?** Keep this signed form with your advising materials. You will need this form to document BECA Department Permission. You may be asked to produce a signed copy of this form to enroll in BECA Production courses.