COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM I: REQUEST FOR ADVISOR AND PROGRAM PLAN*

I, _____, request that
(please print name)

Dr. _____ be appointed as my
(print name)
academic advisor for the MA program in Communication.

I have selected: Plan A _____ (requiring thesis)
Plan B _____ (requiring final written exam)

_____ _____ _____ _____
Student's signature date Advisor's signature date

APPROVED:

_____ _____
Director of Master's Studies date

_____ _____
Chairperson, Dept. of Communication date

***Note: This form should be completed no later than 10 credits into your program.**

Revised 8/14

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM II: REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE*

Note: Persons serving on the committee must be MSU regular faculty[1]
For Plan A (Thesis Option), MA students are required to have two (2) committee members (one may be from outside the department), plus an advisor. **For Plan B (Final Written Examination option)**, MA students are required to have two (2) committee members plus an advisor, all of whom must be from the Department of Communication.

[1] Exceptions can be made with approval from the department, college, and The Graduate School. For more information please contact the Director of the Masters in Communication Program.

The following faculty agree to serve on my Examining Committee and I request that they be appointed.

_____	_____
Student's name — please print	Student's signature
_____	_____
Member selected — please print	Member's signature
_____	_____
Member selected — please print	Member's signature
_____	_____
Advisor's signature	date

APPROVED:

_____ _____
Director of Master's Studies date

_____ _____
Chairperson, Dept. of Communication date

***Note: This form should be completed no later than 10 credits into the program.**

Revised 8/15

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
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MASTER'S PROGRAM

FORM III: PROGRAM OF STUDY

Below are the courses to be taken for my, _____, MA program.
Print Student's name

Note: *Any deviation from this program once approved requires* ***FORM IV*** *(Modification of Program) to be completed.* ***Courses taken at another institution*** *require an MSU Credit Evaluation form (see Academic Programs Secretary, Department of Communication). Six-credit courses outside the department are generally discouraged and must have prior approval from student's advisor and committee before enrolling in such a course. If in the BA-MA Linked program, please place an asterisk (*) next to courses to transfer from the BA degree.*

PLAN A — THESIS OPTION — Please list course #, credits, & semester

COMMUNICATION COURSES		**OUTSIDE COMMUNICATION**
The following Core Courses plus 9-11 additional credits		**6 to 8 credits**
COM 803	3 crs	
COM 820	3 crs	
COM 830	3 crs	
COM 899	4 crs	
COM		
COM		
COM		

TOTAL: _____ Note: **Minimum** of 30 credits with a minimum of 16 credits at the 800/900 level

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PLAN B — FINAL WRITTEN EXAMINATION OPTION — Please list course #, credits, & semester

COMMUNICATION COURSES		**OUTSIDE COMMUNICATION**
The following core courses plus 9 to 17 additional crs.		**7 to 15 credits**
COM 803	3 crs	
COM 820	3 crs	
COM		
COM		
COM		

TOTAL: _____ Note: **Minimum** of 30 credits with a minimum of 16 credits at the 800/900 level

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_____ _____
Student's signature date Advisor's signature

_____ _____ Committee
Member's signature Committee Member's signature

APPROVED:

_____ _____
Director of Master's Studies date Chairperson, Dept. of Communication Revised 8/16

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM IV: REQUEST FOR MODIFICATION OF THE MASTER'S PROGRAM

The following modifications are recommended in the Master's program of study for

_____.
Print Student's name

_____ _____ _____ ____
Student's signature date Advisor's signature date

I. CHANGE IN ADVISOR OR COMMITTEE MEMBERSHIP (specify change and reason; signature of new advisor/member required) Note: Please see the university guidelines for change in advisor/committee member at G.S.R.R. 2.4 for more information on MSU policies related to guidance committees (http://grad.msu.edu/gsrr/).

Drop _____ **Drop** _____
Print name Print name

Add _____ **Add** _____

Reason: _____ **Reason**: _____

_____ _____
Signature of New Member **Signature of New Member**

II. CHANGE IN COURSE REQUIREMENTS (specify changes)

Deletions	Credits	**Additions**	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. CHANGE IN PROGRAM PLAN Change from Plan _____ to Plan _____

APPROVED:

_____ _____
Director of Master's Studies **date**

_____ _____
Chairperson, Dept. of Communication **date**

Revised 8/14

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM V: DEFENSE OF THESIS PROPOSAL

The Guidance Committee is pleased to announce that _____
Please Print Name

successfully defended his/her thesis proposal on _____
Date of Defense

_____ _____
Chair of Guidance Committee date

Members of Committee Signatures

_____ _____

_____ _____

_____

Approved:

_____ _____
Director of Master's Studies date

_____ _____
Chairperson, Dept. of Communication date

Revised 8/14

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM VI: ELIGIBILITY TO HOLD FINAL EXAM

I request The Office of Academic Programs for the Department of Communication

to determine the eligibility of _____ to take the
Print Student's Name

Master's degree final examination on _____, _____, _____.
date time room

_____ _____
Student's signature & date Advisor's signature & date

The Office of Academic Programs for the Department of Communication has reviewed the record of the above named student and makes the following decision:

_____ The above mentioned student will have completed all requirements by the end of this semester and is therefore eligible to take the final oral examination. This assumes that present courses will be completed satisfactorily. Should the courses not be completed satisfactorily, this eligibility is void, and the examination must be retaken.

_____ The student has not completed all requirements. The examination shall be delayed until the following requirements are met:

_____

_____

APPROVED:

_____ _____
Director of Master's Studies date

_____ _____
Chairperson, Dept. of Communication date

Note: This form must be submitted no less than two weeks before the requested examination date.

Revised 8/14

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
DEPARTMENT OF COMMUNICATION
MASTER'S PROGRAM

FORM VII: RESULTS OF FINAL EXAMINATION (Thesis OR Non-thesis tracks)

PLAN A and B:

This is to certify that _____ has
Print Student's name
successfully completed the final examination for the Master's degree in the Department of Communication.

GRADE of _____ is awarded.
(Numerical)

_____ _____
Advisor's signature date

_____ _____
Committee member's signature Committee member's signature

APPROVED:

_____ _____
Director of Master's Studies date

_____ _____
Chairperson, Dept. of Communication date

Revised 8/14