REQUEST FOR APPOINTMENT OF
CHAIRPERSON OF GUIDANCE COMMITTEE

(requests)

(print Student’s name)  (print Chairperson’s name)

as Chairperson of the Guidance Committee.

(Student’s signature)  (date)

(Chairperson’s signature)  (date)

APPROVED:

(Director, Media & Information Studies Ph.D. Program)  (Date)

Media & Information Studies Progress Forms
340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc: Student
    Student File
REQUEST FOR APPOINTMENT OF GUIDANCE COMMITTEE

(print Student's name)  (signature)  (date)

COMMITTEE MEMBERS:

(print name)  (signature)  (department)

(print name)  (signature)  (department)

(print name)  (signature)  (department)

(print name)  (signature)  (department)

(print name)  (signature)  (department)

(print Guidance Committee Chair's name)  (signature)  (department)

APPROVED:

(Director, Media & Information Studies Ph.D. Program)  (date)

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East Lansing, MI 48824
(517) 432-5526
(517) 355-7710 (fax)

Cc:  Student
      Student File
REPORT OF THE GUIDANCE COMMITTEE – DOCTORAL AND OTHER PROGRAMS

See the catalog (Academic Programs) regarding composition of guidance committee and deadlines for its formation and for filing this report listing all degree requirements.

Name

Student No.

First Semester in Doctoral Program

Bachelor of

Master of

Tentative Dissertation Subject

Director

Languages or Course Substitutes

Will the student's research involve the use of:

- human subjects or human materials?
- warm-blooded animals?
- or hazardous substances?

☑ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

I understand it is necessary to obtain institutional review and approval prior to initiating any research involving the use of human or animal subjects or hazardous materials.

STUDENT’S SIGNATURE

Mo/Day/Yr

DOCTORAL PROGRAM

PLEASE PRINT OR TYPE AND CLUSTER BY FIELD

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course No.</th>
<th>Semester</th>
<th>Title</th>
<th>No. CR</th>
<th>Dept.</th>
<th>Course No.</th>
<th>Semester</th>
<th>Title</th>
<th>No. CR</th>
</tr>
</thead>
</table>

Approved:
(Please TYPE guidance committee members’ names BELOW signatures)

1. Chairperson

2. 

3. 

4. 

5. 

6. 

Course Credits. (In addition to at least 24 credits of 999)

Comprehensive examination areas:

The candidate expects to pass the Comprehensive Examination by _________________________ (Year).

Student

Mo/Day/Yr

Department Chairperson

Mo/Day/Yr

College Dean

Mo/Day/Yr

MSU IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INSTITUTION
FORM 4

FIRST-YEAR EVALUATION

(print student's name)

_______ PASS

_______ CONDITIONAL:

WILL BE COMPLETED BY THE M.I.S. EXECUTIVE COMMITTEE

Must be completed by: ____________________________

_______ FAIL

(Director, Media & Information Studies Ph.D. Program) (date)

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290 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 432-1244 (fax)

Cc: Student
    Student File
FORM 5

RESEARCH PRACTICUM PROPOSAL

NOTE: Attach proposal with description of research work, timeline & authorship.

(print Student’s name) (signature) (date)

(print practicum proposal title)

(print Faculty Supervisor’s name) (signature) (date)

(print Guidance Committee Chair’s name) (signature) (date)

APPROVED:

(Director, Media & Information Studies) (date)

RESEARCH PRACTICUM COMPLETION

NOTE: Attach abstract of authored (actual or prospective) papers and publications and their venues resulting from practicum.

(print Faculty Supervisor’s name) (signature) (date)

(print Guidance Committee Chair’s name) (signature) (date)

APPROVED:

(Director, Media & Information Studies) (date)

Media & Information Studies Progress Forms
340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc: Student
    Student File
FORM 6

APPROVAL OF COMPREHENSIVE EXAMINATION PROPOSAL

(print Student's name)  (signature)  (date)

CIRCLE EXAM TYPE:  A. Written Comprehensive Paper  B. Preliminary Research Paper

Attach prelim proposal or outline of exam subjects.

NOTE: Student must be enrolled in the semester of oral examination. Committee must meet for oral exam.

(anticipated date of completion)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Guidance Committee Chair's name)  (signature)  (date)

APPROVAL:

(Director, Media & Information Studies Ph.D. Program)  (date)

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340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc:  Student
     Student File
FORM 7

RESULTS OF THE COMPREHENSIVE EXAMINATION

Please contact Nancy Ashley at (ashleyn@msu.edu) or 290 COM Bldg.
FORM 8
REQUEST FOR DISSERTATION COMMITTEE

(print Student's name) (signature) (date)

Dissertation Committee:

(print Committee Member's name) (signature) (date)

(print Committee Member's name) (signature) (date)

(print Committee Member's name) (signature) (date)

(print Committee Member's name) (signature) (date)

(print Committee Member's name) (signature) (date)

Dissertation Chair:

(print Dissertation Director's name) (signature) (date)

APPROVED:

(Director, Media & Information Studies Ph.D. Program) (date)

Media & Information Studies Progress Forms
350 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (Fax)

Cc: Student
    Student's file
FORM 9

DISSERTATION PROPOSAL

The dissertation proposal has been reviewed and approved by the Dissertation Committee. The proposal includes the following:

b. Description of the dissertation topic, including a rationale for the study.
c. Description of the methodology and analytic procedures to be used.

NOTE: A copy of the proposal must accompany this form.

(Print Student’s name) ____________________________ (signature) ____________________________ (date) ____________

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date) ____________

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date) ____________

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date) ____________

(print Committee Member’s name) ____________________________ (signature) ____________________________ (date) ____________

Dissertation Chair:

(print Dissertation Director’s name) ____________________________ (signature) ____________________________ (date) ____________

APPROVED:

(Director, Media & Information Studies Ph.D. Program) ____________________________ (date) ____________

Media & Information Studies Progress Forms
340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc: Student
Student’s file w/ proposal
FORM 10

NOTICE OF FINAL ORAL DOCTORAL EXAMINATION

NOTE: The examination must be scheduled at least two weeks in advance. Also, an abstract of the dissertation must be e-mailed to ashleyn@msu.edu at that time.

______________________________  ___________________________  ___________________
(print Student's name)           (signature)                      (date)

Final Oral Examination has been scheduled for _____________________, at ___________________
(date)                   (time)

in room _____________________________.
(Place)

Cc: Student
    Student's file w/abstract
FORM 11
RESULTS OF FINAL ORAL DISSERTATION EXAMINATION

(print Student's name)  (signature)  (date)

Pass
Conditional
Summary of Condition: ________________________________

______________________________

______________________________

Fail

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

(print Committee Member's name)  (signature)  (date)

Dissertation Chair:

(print Dissertation Chair's name)  (signature)  (date)

APPROVED:

(Director, Media & Information Studies Ph.D. Program)  (date)

1 Bound copies of the dissertation must be submitted before graduation certification can be completed.
2 Extensive conditions should be detailed on a separate sheet of paper and attached to this form. A copy of the dissertation as submitted must accompany this form.
3 In the event of a "fail" vote, a separate sheet stating the committee's reasons should be attached. A copy of the dissertation must accompany this form.

Media & Information Studies Progress Forms
340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 355-3410
(517) 355-7710 (Fax)

Cc: Student
    Student's file
FORM 12

REQUEST FOR CHANGES IN COURSEWORK

(print Student’s name)  (signature)  (date)

I. Coursework - specify changes and rational:

_________ replace with _________ Rational: __________________________________________

_________ replace with _________ Rational: __________________________________________

_________ replace with _________ Rational: __________________________________________

_________ replace with _________ Rational: __________________________________________

_________ replace with _________ Rational: __________________________________________

(print Committee Member’s name)  (signature)  (department)

(print Committee Member’s name)  (signature)  (department)

(print Committee Member’s name)  (signature)  (department)

(print Committee Member’s name)  (signature)  (department)

(print Guidance Committee Chair’s name)  (signature)  (department)

APPROVED:

(Director, Media & Information Studies Ph.D. Program)  (date)

Media & Information Studies Progress Forms
340 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (fax)

Cc: Student
    Student File
REQUEST FOR CHANGES IN COMMITTEE

(print Student's name) (signature) (date)

I. Guidance Committee or Chair:

Student list all original members. Signatures are needed only from the new member & chair & MISPhD director.

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Chair) replace with (print new chair name) (signature) (date)

II. Dissertation Committee or Director:

Student list all original members. Signatures are needed only from the new member & chair & MISPhD director.

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Member) replace with (print new member's name) (signature) (date)

(Chair) replace with (print new chair name) (signature) (date)

APPROVED:

(Director, Media & Information Studies Ph.D. Program) (date)

Media & Information Studies Progress Forms
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East Lansing, MI 48824
(517) 432-1526
(517) 355-7710 (Fax)

Cc: Student
Student File