

FORM 1

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)

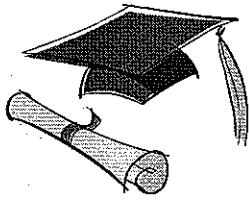
(Chairperson's signature) (date)

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



FORM 2

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 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

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. _____ Ph.D. D.M.A.
Last First Middle Ed.D. Ed.S.

First Semester in Doctoral Program _____ Dept. _____ Major _____
Semester Year

Bachelor of _____ Master of _____
Institution Year Major Institution Year Major

Tentative Dissertation Subject _____

Director _____ Languages or Course Substitutes _____

Will the student's research involve the use of: human subjects or human materials? <input type="checkbox"/> Yes <input type="checkbox"/> No warm-blooded animals? <input type="checkbox"/> Yes <input type="checkbox"/> No or hazardous substances? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Dept.	Course No.	Semester	Title	No. CR	Dept.	Course No.	Semester	Title	No. CR

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

1. _____ Mo/Day/Yr
Chairperson

2. _____

3. _____

4. _____

5. _____

6. _____

Course Credits (in addition to at least 24 credits of 999) _____

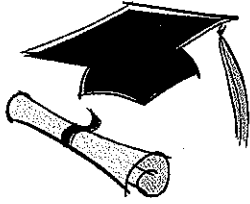
Comprehensive examination areas:

The candidate expects to pass the Comprehensive Examination by _____ Semester, _____ (Year).

Student _____ Mo/Day/Yr

Department Chairperson _____ Mo/Day/Yr

College Dean _____ Mo/Day/Yr



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: _____

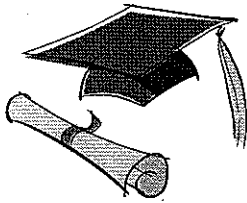
_____ **FAIL**

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

(date)

**Media & Information Studies Progress Forms
290 Communication Arts & Science Bldg.
East Lansing, MI 48824
(517)432-1526
(517) 432-1244 (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)

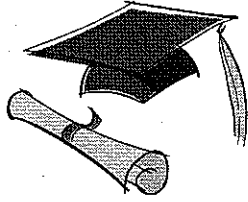
APPROVAL:

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

(date)

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

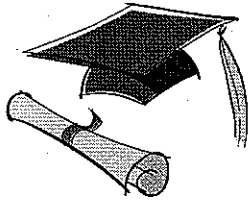


FORM 7

RESULTS OF THE COMPREHENSIVE EXAMINATION

Please contact Nancy Ashley at (ashleyn@msu.edu) or 290 COM Bldg.

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



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)

Dissertation Chair:

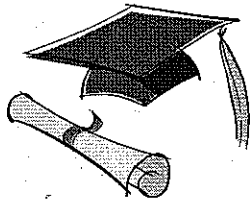
(print Dissertation Director's name) (signature) (date)

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:

- a. Tentative dissertation title.
- 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)

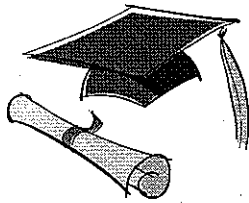
APPROVED:

(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)

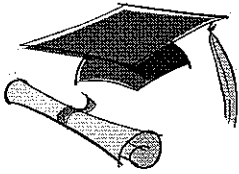
_____ (date)

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

in room _____
(Place)

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/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)

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

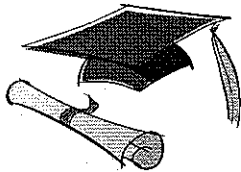
340 Communication Arts & Science Bldg.

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



FORM 13

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)

_____ (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)

_____ (Chair) replace with _____ (print new chair 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 File