

**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.**

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FORM II: REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE*

Note: Persons serving on the committee must be MSU regular faculty¹

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

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FORM III: PROGRAM OF STUDY

The following constitutes the courses to be taken for my, _____
Print name

MA program. **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.

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

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

Student's signature

date

Advisor's signature

Member's signature

Committee Member's signature

Committee

APPROVED:

Director of Master's Studies

date

Chairperson, Dept. of Communication

Revised 8/15

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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

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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 Master's degree final examination on _____, _____, _____.
Print Student's Name
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

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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