

**COLLEGE OF COMMUNICATION ARTS AND SCIENCES**  
**MASTER'S PROGRAM IN HEALTH & RISK COMMUNICATION**

FORM I: REQUEST FOR APPOINTMENT OF ADVISOR

Dr. \_\_\_\_\_ has agreed to serve as my advisor.

\_\_\_\_\_  
Student's name – please print

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Advisor selected – please print

\_\_\_\_\_  
Advisor's signature      date

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**APPROVED:**

\_\_\_\_\_  
Director of MA in Health & Risk Communication

\_\_\_\_\_  
date

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

**COLLEGE OF COMMUNICATION ARTS AND SCIENCES  
MASTER'S PROGRAM IN HEALTH & RISK COMMUNICATION**

FORM II: REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE\*

MA students are required to have two (2) committee members plus an advisor.

The following faculty agreed 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

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**APPROVED:**

\_\_\_\_\_  
Director of MA in Health & Risk Communication

\_\_\_\_\_  
date

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

# COLLEGE OF COMMUNICATION ARTS AND SCIENCES MASTER'S PROGRAM IN HEALTH & RISK COMMUNICATION

## MASTER'S FORM III: PROGRAM OF STUDY

The following constitutes the courses to be taken for my \_\_\_\_\_  
Masters in Health & Risk Communication MA program. Print 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, 466 Com Arts Bldg).

All of the following Core Courses for a total of 8 credits

CAS 825 (3) Semester \_\_\_\_\_ Year \_\_\_\_\_  
CAS 826 (3) Semester \_\_\_\_\_ Year \_\_\_\_\_  
EPI 810 (2) Semester \_\_\_\_\_ Year \_\_\_\_\_

One of the following: COM 803 (3), or ADV 803, JRN 803 (3), or TC 803 (3):

Course selected: \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_

One of the following: JRN 824 (3) or ADV 860 (4): Note: JRN 824 no longer offered please see advisor for substitution)

Course selected \_\_\_\_\_, Credits \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Practicum (3): COM 893 Semester \_\_\_\_\_ Year \_\_\_\_\_

Elective Credits -14 to 16 credits - Please list courses with credits for each, e.g. EPI 811 (1)

Course \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_  
Course \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_  
Course \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_  
Course \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_  
Course \_\_\_\_\_, Credits \_\_\_\_\_, Semester \_\_\_\_\_, Year \_\_\_\_\_

**TOTAL:** \_\_\_\_\_ Note: **Minimum** of 33 credits Note: a maximum of 3 credits of independent study allowed (in additional to practicum/internship credits)

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\_\_\_\_\_  
Student's signature date Advisor's signature date

\_\_\_\_\_  
Committee Member's signature Committee Member's signature

**APPROVED:**

\_\_\_\_\_  
Director of MA in Health & Risk Communication date

Revised 8/14

# COLLEGE OF COMMUNICATION ARTS AND SCIENCES MASTER'S PROGRAM IN HEALTH & RISK COMMUNICATION

## 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	PID		
Student's signature	date	Advisor's signature	date

1) **CHANGE IN ADVISOR OR COMMITTEE MEMBERSHIP** (specify change and reason; signature of new advisor/member required)

<b>Drop</b> _____ <div style="text-align: center;">Print name</div>	<b>Drop</b> _____ <div style="text-align: center;">Print name</div>
<b>Add</b> _____	<b>Add</b> _____
<b>Reason:</b> _____	<b>Reason:</b> _____
<b>Signature of New Member</b>	<b>Signature of New Member</b>

### II. CHANGE IN COURSE REQUIREMENTS (specify changes)

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

**APPROVED:**

Director of MA in Health & Risk Communication	date
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**COLLEGE OF COMMUNICATION ARTS AND SCIENCES**  
**MASTER'S PROGRAM IN HEALTH & RISK COMMUNICATION**

FORM V: ELIGIBILITY TO HOLD FINAL CERTIFYING EXAM

I, \_\_\_\_\_, request to take the Final Certifying  
Print Student's Name

Examination on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Student's signature                      date                      Advisor's signature                      date

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The Office of Academic Programs, 466 CAS, 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 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:

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**APPROVED:**

\_\_\_\_\_  
Director of MA in Health & Risk Communication                      date

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

