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

APPROVED:

________________________________          _______________________
Director of MA in Health & Risk Communication   date

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

Revised 8/14
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

APPROVED:

________________________________________________      ___________
Director of MA in Health & Risk Communication         date

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

Revised 8/14
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)

_____________________________________      ______________________________________
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
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)

Drop __________________________________________
Print name

Drop __________________________________________
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

_____________  _______  _______________  _______

_____________  _______  _______________  _______

_____________  _______  _______________  _______

APPROVED:

______________________________________________ ________
Director of MA in Health & Risk Communication    date

Revised 8/14
FORM V: ELIGIBILITY TO HOLD FINAL CERTIFYING EXAM

I, ____________________________________, request to take the Final Certifying Examination on   ___________________.

_________________________________                ______________          ___________________________  ______
Student’s signature                           date            Advisor’s signature                   date

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:

______________________________________________ _________
Director of MA in Health & Risk Communication       date

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

Revised 8/14
FORM VI: RESULTS OF FINAL CERTIFYING EXAMINATION

This is to certify that _________________________________ has successfully completed the certifying examination for the M.A. degree in Health & Risk Communication.

GRADE of ______________ is awarded.
(Numerical)

____________________________  ______________
Advisor’s signature        date

____________________________  _____________________________
Committee member’s signature  Committee member’s signature

______________________________________________  ___________
APPROVED:                                        date

______________________________________________
Director of MA in Health & Risk Communication  date

Revised 8/14