FORM I: REQUEST FOR APPOINTMENT OF ADVISOR

Dr. _____________________________ has agreed to serve as my advisor.

I SELECT THE FOLLOWING PROGRAM TRACK:

_____ THESIS TRACK (PLAN A)

_____ EXAMINATION TRACK (PLAN B)

________________________________     __________________________________
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 7/19
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 7/19
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.  

Student’s Name

Note: If transferring course(s) from another university or from Lifelong Education status, please see section “Transfer Credits & Program Time Limits” and mark as “TRF” on this form. If courses are part of the Linked BA/MA requirements please marked “Linked” by these courses on this form. 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 Coordinator, 472 Com Arts Bldg).

Requirements for both Plan A and Plan B: All of the following Core Courses for a total of 9 credits
CAS 825 (3) Semester _____ Year _____  
CAS 826 (3) Semester _____ Year _____  
COM 803 (3) Semester _____ Year _____  
EPI 810 (3) Semester _____ Year _____

One of the following: ADV 860 (3) or JRN 873 (3):
Course selected __________, Credits ______ Semester______ Year_____

Practicum (3): COM 893 Semester _____ Year ______

Additional Requirements for Plan A:
1. The following courses (7 credits)
   CAS 899 (4) Semester _______ Year ______
   COM 830 (3) Semester _______ Year ______
2. Electives – minimum of 8 credits - Please list courses with credits below:
   Course _______ Crs _____ Sem/Yr ______  Course _______ Crs _____ Sem/Yr ______
   Course _______ Crs _____ Sem/Yr ______  Course _______ Crs _____ Sem/Yr ______

Additional Requirements for Plan B:
1. Electives Minimum of 15 credits – Please list courses with credits below:
   Course _______ Crs _____ Sem/Yr ______  Course _______ Crs _____ Sem/Yr ______
   Course _______ Crs _____ Sem/Yr ______  Course _______ Crs _____ Sem/Yr ______
   Course _______ Crs _____ Sem/Yr ______  Course _______ Crs _____ Sem/Yr ______

TOTAL: _______ Note: Minimum of 33 credits for both Plan A or Plan B

______________________________  ________   _____________________________  _______
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 8/19
FORM IV: REQUEST FOR MODIFICATION OF THE MASTER’S PROGRAM

The following modifications are recommended in the Master’s program of study for

_________________________________________  Student's Name
_________________________________________  Student's Signature
_________________________________________  date

Advisor’s signature  date

I. CHANGE IN PROGRAM TRACK: Change from Plan ____ to Plan ______
Note: if changing tracks this will require changes in courses requirements, see section III

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

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

_____________  _______  _______________  _______

_____________  _______  _______________  _______

_____________  _______  _______________  _______

APPROVED:

__________________________  ____________________
Director of MA in Health & Risk Communication  date
Revised 8/19
The Guidance Committee is pleased to announce that _____________________________

Please Print Name

successfully defended his/her thesis proposal on _____________________________.

Date of Defense

_______________________________________________   __________
Chair of Guidance Committee    date

Members of Committee Signatures:

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

APPROVED:

______________________________________________ _________
Director of MA in Health & Risk Communication      date

Revised 7/19
FORM VI: ELIGIBILITY TO HOLD:

_______ FINAL CERTIFYING EXAM     OR     _______ DEFENSE OF THESIS

I, ____________________________________, request to hold the final examination on

Print Student’s Name

__________________.

Date

Student’s signature   date   Advisor’s signature   date

The Office of Academic Programs, 473 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:

______________________________  _________
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.

Revised 7/19
FORM VII: RESULTS OF FINAL EXAMINATION (Thesis, Plan A, OR Exam track, Plan B)

This is to certify that _______________________________ has successfully defended the final examination for PLAN A or PLAN B for the Masters in Health & Risk Communication. (circle appropriate plan)

GRADE of ____________ is awarded on _____________.
(Numerical)    (Date)

________________________  ________________
Advisor’s signature       date

________________________  _____________________
Committee member’s signature  Committee member’s signature

APPROVED:

_________________________________________  ___________
Director of MA in Health & Risk Communication       date

Revised 8/19