

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

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

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)

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)

Drop _____ <div style="text-align: center;">Print name</div>	Drop _____ <div style="text-align: center;">Print name</div>
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
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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

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:

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.

