

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.

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

**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

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Revised 7/19

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NOTE: STUDENT WILL ALSO COMPLETE GRADPLAN ON STUDENT.MSU.EDU, AFTER HARDCOPY FORM HAS BEEN APPROVED

MASTER'S FORM III: PROGRAM OF STUDY

The following constitutes the courses to be taken for my _____

Master's 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 will require modification in student.msu.edu, GradPlan. 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 _____ COM 803 (3) Semester _____ Year _____
CAS 826 (3) Semester _____ Year _____ EPI 810 (3) Semester _____ Year _____

One of the following: ADV 860 (3) or JRN 873 (3) or JRN 872:

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 11/22

COLLEGE OF COMMUNICATION ARTS AND SCIENCES
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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.

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

This is to certify that _____ has successfully defended
Print Student's Name

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