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

**NOTE:** Student will also complete GradPlan on student.msu.edu, after hardcopy form has been approved.

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**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).*

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**REQUIREMENTS FOR BOTH PLAN A AND PLAN B: ALL OF THE FOLLOWING CORE COURSES FOR A TOTAL OF 9 CREDITS**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS 825</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAS 826</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>COM 803</td>
<td>3</td>
<td></td>
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<tr>
<td>EPI 810</td>
<td>3</td>
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</table>

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
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)

<table>
<thead>
<tr>
<th>Deletions</th>
<th>Credits</th>
<th>Additions</th>
<th>Credits</th>
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APPROVED:

__________________________  ____________________________
Director of MA in Health & Risk Communication  date

Revised 8/19
FORM V: DEFENSE OF THESIS PROPOSAL (Required for PLAN A Track Only)

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

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