FORM I: REQUEST FOR APPOINTM	ENT OF ADVISOR
Dr	has agreed to serve as my advisor.
I SELECT THE FOLLOWING PROGR	AM 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.

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

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

date

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

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).

REQUIREMENT OF 9 CREDITS	FS FOR BOTH	PLAN A ANI) PLAN B: A	LL OF THE FOLLOW	VING CORE	COURSES FOR A TOTAI
CAS 825 (3)	Semester	Year		COM 803 (3)) Semeste	r Year
CAS 826 (3)						r Year
	Semester _	1 cui			oemeste	
One of the fo	llowing: AD	V 860 (3) or]	JRN 873 (3)	or JRN 872:		
Course selecte	ed,	Credits	Semeste	rYear	_	
Practicum (3):	COM 893 S	emester	Year			
Additional Re	equirements	for Plan A:				
1. The follow	ving courses	(7 credits)				
CAS 899 (4)	Semester _	Year				
COM 830 (3)	Semester _	Year _				
2. Electives -	- minimum o	of 8 credits - 1	Please list c	ourses with credit	s below:	
				se Crs _		
Course	Crs	_Sem/Yr	Cour	se Crs	Sem/۱	(r
Additional Re	aniromonte	for Dlan B.				
			Please list c	ourses with credit	s helow.	
				Course		Sem/Yr
Course				Course		-
Course		•		Course		•
TOTAL:	Note: Mir	imum of 33 c	redits for bo	oth Plan A or Plan B	;	
Student's sign	ature	d	late A	Advisor's signature	2	date
	1 / .				, .	
Committee M	ember's sigr	ature	C	ommittee Member	r s signatur	e
APPROVED:						

date

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 signatu	ire	date				
		Change from Plan to Plan Juire changes in courses requirem				
II. CHANGE IN advisor/memb		1ITTEE MEMBERSHIP (specify o	change and reason; signature of new			
	Print name	Drop Print r				
Add		Add				
Reason:		Reason:				
Signature of New Member		Signature of New Memb	Signature of New Member			
II. CHANGE IN	COURSE REQUIREM	ENTS (specify changes)				
Deletions	Credits	Additions	Credits			
APPROVED:						

Director of MA in Health & Risk Communication Revised 8/19 date

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

FORM VI: ELIGIBILITY TO HOLD:			
FINAL CERTIFYING EXAM	OR DEFENSE OF THESIS		
I, Print Student's Name	_, request to hold the final examination on		
 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.

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

This is to certify that	has successfully defended
Print S	Student's Name
the final examination for PLAN A or PLAN (circle appropriate p	N B for the Masters in Health & Risk Communication. _{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 Communio	cation date
Revised 8/19	