

**COLLEGE OF COMMUNICATION ARTS AND SCIENCES**  
**DEPARTMENT OF COMMUNICATION**  
**MASTER'S PROGRAM**

FORM I: REQUEST FOR ADVISOR AND PROGRAM PLAN\*

I, \_\_\_\_\_, request that  
(please print name)

Dr. \_\_\_\_\_ be appointed as my  
(print name)  
academic advisor for the MA program in Communication.

I have selected:    Plan A \_\_\_\_\_ (requiring thesis)  
                             Plan B \_\_\_\_\_ (requiring final written exam)

_____ Student's signature	_____ date	_____ Advisor's signature	_____ date
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**APPROVED:**

_____ Director of Master's Studies	_____ date
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_____ Chairperson, Dept. of Communication	_____ date
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**\*Note: This form should be completed no later than 10 credits into your program.**

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FORM II: REQUEST FOR APPOINTMENT OF EXAMINING COMMITTEE\*

Note: Persons serving on the committee must be MSU regular faculty<sup>1</sup>

**For Plan A (Thesis Option)**, MA students are required to have two (2) committee members (one may be from outside the department), plus an advisor. **For Plan B (Final Written Examination option)**, MA students are required to have two (2) committee members plus an advisor, all of whom must be from the Department of Communication.

<sup>1</sup> Exceptions can be made with approval from the department, college, and The Graduate School. For more information please contact the Director of the Masters in Communication Program.

The following faculty agree 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

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**APPROVED:**

\_\_\_\_\_  
Director of Master's Studies

\_\_\_\_\_  
date

\_\_\_\_\_  
Chairperson, Dept. of Communication

\_\_\_\_\_  
date

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

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FORM III: PROGRAM OF STUDY

The following constitutes the courses to be taken for my, \_\_\_\_\_  
Print name

MA program. **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, Department of Communication). Six credit courses outside the department are generally discouraged and must have prior approval from student's advisor and committee before enrolling in such a course.

**PLAN A – THESIS OPTION** – Please list course #, credits, & semester

**COMMUNICATION COURSES**

**The following Core Courses plus 9-11 additional credits**

COM 803 3 crs

COM 820 3 crs

COM 830 3 crs

COM 899 4 crs

COM

COM

COM

**OUTSIDE COMMUNICATION**

**6 to 8 credits**

**TOTAL:** \_\_\_\_\_ Note: **Minimum** of 30 credits with a minimum of 16 credits at the 800/900 level

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**PLAN B – FINAL WRITTEN EXAMINATION OPTION** – Please list course #, credits, & semester

**COMMUNICATION COURSES**

**The following core courses plus 9 to 17 additional crs.**

COM 803 3 crs

COM 820 3 crs

COM

COM

COM

**OUTSIDE COMMUNICATION**

**7 to 15 credits**

**TOTAL:** \_\_\_\_\_ Note: **Minimum** of 30 credits with a minimum of 16 credits at the 800/900 level

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\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Advisor's signature

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Committee Member's signature

\_\_\_\_\_  
Committee

**APPROVED:**

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\_\_\_\_\_  
Director of Master's Studies

\_\_\_\_\_  
date

\_\_\_\_\_  
Chairperson, Dept. of Communication

Revised 8/15



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FORM V: DEFENSE OF THESIS PROPOSAL

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Approved:**

\_\_\_\_\_  
Director of Master's Studies                      date

\_\_\_\_\_  
Chairperson, Dept. of Communication                      date

**COLLEGE OF COMMUNICATION ARTS AND SCIENCES**  
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FORM VI: ELIGIBILITY TO HOLD FINAL EXAM

I request The Office of Academic Programs for the Department of Communication  
to determine the eligibility of \_\_\_\_\_ to take the  
Master's degree final examination on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
Print Student's Name  
date time room

\_\_\_\_\_  
Student's signature & date

\_\_\_\_\_  
Advisor's signature & date

The Office of Academic Programs for the Department of Communication 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 oral 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 Master's Studies

\_\_\_\_\_  
date

\_\_\_\_\_  
Chairperson, Dept. of Communication

\_\_\_\_\_  
date

**Note: This form must be submitted no less than two weeks before the requested examination date.**

Revised 8/14

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FORM VII: RESULTS OF FINAL EXAMINATION (Thesis OR Non-thesis tracks)

### PLAN A and B:

This is to certify that \_\_\_\_\_ has  
 \_\_\_\_\_  
 Print Student's name  
 successfully completed the final examination for the Master's degree in the Department of  
 Communication.

GRADE of \_\_\_\_\_ is awarded.  
(Numerical)

Advisor's signature	date

Committee member's signature	Committee member's signature
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**APPROVED:**

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Director of Master's Studies

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date

Chairperson, Dept. of Communication	date
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