SCHOOL OF COMMUNICATION
WESTERN MICHIGAN UNIVERSITY

Master's Program

FORM II: PERMANENT PROGRAM

Student Name: _____ WIN #: _____
(PLEASE PRINT)

Date Entered Program: _____ Total Credit Hours: _____
(PLEASE PRINT)

Select One Capstone Option:

☐ THESIS ☐ COMPREHENSIVE EXAM ☐ PROFESSIONAL PROJECT

REQUIRED COURSES

Communication Foundations

Select 2 of 3 below:

	DATE	CR	GRADE
COM 6820	_____	_____	_____
COM 6740	_____	_____	_____
COM 6450	_____	_____	_____

Communication Research

	DATE	CR	GRADE
COM 6010	_____	_____	_____

Select 1 of 2 below:

COM 6020	_____	_____	_____
COM 6050	_____	_____	_____

ELECTIVES

Communication

	DATE	CR	GRADE
COM _____	_____	_____	_____
COM _____	_____	_____	_____
COM _____	_____	_____	_____
COM _____	_____	_____	_____
COM _____	_____	_____	_____

Cognates *(maximum 6 credits)*

COURSE #	DATE	CR	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

CAPSTONE CREDITS:

Thesis

	DATE	CR	GRADE
COM 7000	_____	_____	_____
COM 7000	_____	_____	_____

Professional Project

	DATE	CR	GRADE
COM 7150	_____	_____	_____

_____ _____
STUDENT SIGNATURE DATE ADVISOR SIGNATURE DATE

_____ _____
DIRECTOR, GRADUATE STUDIES DATE DIRECTOR, SCHOOL OF COMMUNICATION DATE

Copies: File / Student / Advisor / Office of the Registrar

REV 6/09