SCHOOL OF COMMUNICATION
Master's Program

FORM IV: REQUEST FOR MODIFICATION OF PERMANENT PROGRAM

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

The following modifications in the Master's program of study are requested by

_____ _____
STUDENT SIGNATURE DATE ADVISOR SIGNATURE DATE

I. CHANGE IN ADVISOR/COMMITTEE MEMBER *(specify change; signatures required)*

Drop _____ Drop _____

Add _____ Add _____

_____ _____
SIGNATURE OF NEW MEMBER DATE SIGNATURE OF NEW MEMBER DATE

II. CHANGE IN COURSE REQUIREMENTS *(specify changes)*

Deletions	Credits	Additions	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. CHANGE IN CAPSTONE OPTION

I have changed to: ☐ Capstone option one: Thesis

☐ Capstone option two: Comprehensive Exam

APPROVED:

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

Copies: File / Student / Advisor / Registrar

REV 6/05