SCHOOL OF COMMUNICATION
WESTERN MICHIGAN UNIVERSITY

Master's Program

FORM VIII: RESULTS OF CAPSTONE EXPERIENCE

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

CAPSTONE EXPERIENCE: ☐ THESIS ☐ COMPREHENSIVE EXAM
☐ PROFESSIONAL PROJECT

RESULTS:

Thesis:
- ☐ Approve the written thesis and its oral defense
- ☐ Approve the thesis pending revisions
  (Attach brief memo identifying major changes required by the committee)
- ☐ Reject the thesis
  Recommendation: _____

Examination:
- ☐ Pass written and oral examination successfully
- ☐ Require further support
  - ☐ Revise and resubmit some responses
  - ☐ Redo oral defense
  - ☐ Retake written exams

Project:
- ☐ Approve the written project and its oral defense
- ☐ Approve the project pending revisions
  (Attach brief memo identifying major changes required by the committee)

_____
ADVISOR SIGNATURE DATE

_____ _____
COMMITTEE MEMBER COMMITTEE MEMBER

_____ _____
COMMITTEE MEMBER COMMITTEE MEMBER

APPROVED:

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

Copies: File / Student / Advisor / Registrar

REV 7/08