

SCHOOL OF COMMUNICATION
Master's Program

FORM I: REQUEST FOR PERMANENT ADVISOR AND CAPSTONE PLAN

Student Name: _____
(PLEASE PRINT)

I request that _____ be appointed as my
(PLEASE PRINT NAME)
permanent academic advisor for the MA program in Communication.

I have selected: Capstone option one: Thesis
 Capstone option two: Comprehensive Exam

STUDENT SIGNATURE

ADVISOR'S SIGNATURE

DATE

DATE

APPROVED:

DIRECTOR, GRADUATE STUDIES

DATE

DIRECTOR, SCHOOL OF COMMUNICATION

DATE

Copies: File
 Student
 Advisor