SCHOOL OF COMMUNICATION
Master's Program

FORM IX: RESULTS OF CAPSTONE EXPERIENCE

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

CAPSTONE EXPERIENCE: ☐ THESIS ☐ COMPREHENSIVE EXAM

This is to certify that _____ has completed his/her
(STUDENT NAME)
capstone experience for the Master's degree in the School of Communication.

RESULTS:

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

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

_____
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 6/05