SCHOOL OF COMMUNICATION WESTERN MICHIGAN UNIVERSITY

Master's Program

FORM VIII: RESULTS OF CAPSTONE EXPERIENCE

Student Name:(PLEA	WIN #: SE PRINT)
CAPSTONE EXPE	
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:	UDIES DATE DIRECTOR SCHOOL OF COMMUNICATION DATE
Project: ADVISOR SIGNATURE COMMITTEE MEMBER COMMITTEE MEMBER	Recommendation: Pass written and oral examination successfully Require further support Revise and resubmit some responses Redo oral defense Retake written exams Approve the written project and its oral defense Approve the project pending revisions (Attach brief memo identifying major changes required by the committee) DATE COMMITTEE MEMBER COMMITTEE MEMBER

Copies: File / Student / Advisor REV 5/12