## SCHOOL OF COMMUNICATION WESTERN MICHIGAN UNIVERSITY

## Master's Program

## FORM I: REQUEST FOR PERMANENT ADVISOR AND CAPSTONE PLAN

Student Name: (PL	EASE PRINT)		
(PLI	EASE PRINT NAME) ic advisor for the MA	be appoint program in Communication.	ed as my
I have selected:	☐ Capstone option	e option one: THESIS e option two: COMPREHENSIVE EXAM e option three: PROFESSIONAL PROJECT	
	Capsione opin	m unce. TROTESSIONALT	ROJECT
STUDENT SIGNATURE		ADVISOR'S SIGNATUR	RE
DATE		DATE	
APPROVED:			
DIRECTOR, GRADUATE	STUDIES	DATE	_
DIRECTOR, SCHOOL OF	COMMUNICATION	DATE	
<b>Copies:</b> File Student Advisor			