

SCHOOL OF COMMUNICATION
WESTERN MICHIGAN UNIVERSITY
Master's Program

FORM V: REQUEST FOR APPOINTMENT OF CAPSTONE COMMITTEE

Student Name: _____
(PLEASE PRINT)

CAPSTONE OPTION : ☐ COMPREHENSIVE EXAM
 ☐ PROFESSIONAL PROJECT

The Permanent Advisor shall serve as the chair of the Capstone Committee. In consultation with the Permanent Advisor, the student shall select two (2) of the graduate faculty members to serve on his/her Committee. (See specific requirements in the School of Communication Graduate Handbook.)

The following faculty agree to serve on my capstone exam committee and I request that they be appointed.

MEMBER SELECTED (*PLEASE PRINT*)

MEMBER'S SIGNATURE

MEMBER SELECTED (*PLEASE PRINT*)

MEMBER'S SIGNATURE

PERMANENT ADVISOR'S SIGNATURE

DATE

APPROVED:

DIRECTOR, GRADUATE STUDIES

DATE

DIRECTOR, SCHOOL OF COMMUNICATION

DATE

NOTE: This form should be completed no later than 21 credits into the program.

Copies: Student
 Advisor
 File

REV 6/09