WESTERN MICHIGAN UNIVERSITY SCHOOL OF COMMUNICATION

Call Number

FORM XI: APPLICATION FOR PERMISSION TO ELECT

Please circle one course (use a separate form to elect each course and for each term you elect a course):

* 700	0 Master's Thesis	6 hours	
710	Independent Research	2-6 hours	
712	O Professional Field Experience	2-6 hours	
715	O Professional Project	3 hours	
* 720	1 3	6 hours	
* These	courses are subject to a conti	inuous enrollment requirement.	
ndicate your plan for enroll	ing in the course:		
		Year Hours	
Name		WIN Number	
Address			
Email Address		Phone	
have prior approval of the re regulations for the protection specific requirements.) In ad	search proposal by the approping of such subjects or for the use dition, I understand that The G	ects, recombinant DNA, chemical hazards, or radioc riate University review body, thus assuring complian of such materials. (See http://www.wmich.edu/grad raduate College will not approve any master's thesi th these requirements, and in that event no credit wi	nce with the <u>/forms</u> for the is, special
Student	Date	Faculty Advisor	Date
Director, Graduate Studies	Date	Director, School of Communication	Date

Distribution: File, Student, Faculty Advisor

Revised 7/2023