SCHOOL OF COMMUNICATION WESTERN MICHIGAN UNIVERSITY

Master's Program

FORM III: REQUEST FOR MODIFICATION OF PERMANENT PROGRAM

Student Name: (PLEASE PRINT)		WIN #:	
The following modified	fications in the Master	r's program of study are requested by	
STUDENT SIGNATURE	DATE	ADVISOR SIGNATURE DATE	
I. CHANGE IN AD	OVISOR/COMMITT	TEE MEMBER (specify change; signatures required)	
Drop		Drop	
Add		Add	
SIGNATURE OF NEW MEMBER DATE		SIGNATURE OF NEW MEMBER DATE	
II. CHANGE IN PI	ERMANENT PROG	RAM (specify changes) Additions Credits	
III. CHANGE IN C	CAPSTONE OPTION	N	
I have changed to:	☐ Capstone option one: Thesis		
	☐ Capstone option two: Comprehensive Exam		
	☐ Capstone option	three: Professional Project	
APPROVED:			
DIRECTOR, GRADUATE ST	TUDIES DATE	DIRECTOR, SCHOOL OF COMMUNICATION DATE	

Copies: File / Student / Advisor / Registrar REV 7/08