DEPARTMENT OF COMMUNICATION DECLARATION & ADVISOR AGREEMENT

| Name | Date |
|---|--|
| (As it will appear on Diploma) | Date (Please submit by Friday, 04/01) |
| Street Address | UIN |
| City, State, Zip | E-mail |
| Telephone: Home | Mobile |
| Check one of the following and complete the requir | ed information. |
| NON-THESIS OPTION Complete the following section, plus the adv | isor and signature section below. |
| Individual Program of Study List the planned courses here and attach a one- | -page proposal, justification, and examination plan. |
| I certify I have read the guidelines for the Non-Thesis C Exam, Examination Schedule, and 12-Step Graduation (| |
| THESIS OPTION Complete the following section, plus the adv | visor and signature section below. |
| Area of Study Describe the general subject matter anticipated | for the research. |
| I certify I have read the guidelines for the Thesis or Diss Examination Schedule, and 12-Step Graduation Checkli | |
| SIGN HERE Stu | udent Signature |
| Select an advisor to chair and secure the advisor's a | greement. |
| ADVISOR The student is on target to complete at least 16 hours of standing. | of coursework by the end of this term and is in good |
| Chair Sig | nature |
| APPROVALS | |
| Director of Graduate Studies Sig | nature |

Signature

Head of Department