

Student's Name: _____ Student's Banner I. D.: _____

Plan of Study: II (COMM 5950, Research Project) III (COMM 590A, B, Thesis)

I hereby apply for admission to candidacy for the degree of M. A. in Communication Arts in the Corporate Communication specialization of that degree. Once this form is completed and approved by the student's advisor, any changes in the program must be requested on the appropriate graduate college form and again submitted to the student's advisor for approval. All admission to candidacy applications must await the approval of the Dean of the APSU College of Graduate Studies.

Transfer courses should be noted with an asterisk () in this form. "A" stands for approved, "R" for refused, and "P" for pending.*

Required Core:

Electives (18 hrs. with 5950/15 hrs. with 590A,B):

Approval	Dept.	Course #	Title	Cr.
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5001	Proseminar in Comm.	1
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5000	Research Methods	3
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5030	Comm. Theory	3
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5600	Integ. Corp. Comm.	3
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5650	Comm. Law	3

Required Research Component:

Approval	Dept.	Course #	Title	Cr.
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	5950	Research Project	3
A <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/>	COMM	590A, B	Thesis	3, 3

Comments (explaining transfer credit or special considerations and limitations): _____

Candidate Information:

Candidate's Name (printed): _____

Candidate's Street Address: _____

City, State, Zip Code: _____

Telephone (AC, Number): (_____) _____ - _____

Email Address: _____ @ _____

Candidate's Signature: _____

Committee Assignment:

Advisor/Chair: _____

2nd Professor: _____

3rd Professor: _____

Graduate Coordinator Approval:

Coordinator's Name (printed): _____

Coordinator's Signature: _____

Advisor Approval:

The advisor must hold full graduate faculty status at APSU.

Advisor's Name (printed): _____

Advisor's Signature: _____

Graduate Dean's Approval:

Graduate Dean's Signature: _____

Date of Approval: _____