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GRADUATE PROGRAM IN COMMUNICATION

APPOINTMENT OF PROGRAM ADVISOR
MASTER OF ARTS DEGREE IN COMMUNICATION

Full Name (Last, First, Middle) _____

Street Address _____ Student Identification Number _____

City, State, Zip _____

Home Telephone _____

REQUEST FOR APPOINTMENT OF PROGRAM ADVISOR/ADVISORY COMMITTEE

New Program New Advisor New Committee Change of Program Advisor

The Advisor must be a Communication faculty member and a Regular Member of the Graduate Committee. The Advisory Committee must have two members, including the Program Advisor. At least two members must be Graduate Faculty and a majority must be from Communication. An Advisory Committee may be requested at any time.

Advisor _____ (COMM Regular Member of Graduate Faculty)

Committee Members (at least two members of Graduate Faculty)

Member _____ of _____ (COMM Member of Graduate Faculty)

Member (optional) _____ (Member of Graduate Faculty)

I, _____, Program Advisor and recommend _____ as Advisory Committee member as listed above.

Signature of Program Advisor _____

Approved by _____

Signature of Graduate Coordinator _____ Date _____

Return Completed Form to: _____ Coordinator for Processing

Department of Communication

3011 University Hall

California State University, East Bay

Hastings, CA 94542

Phone: _____