

Northern Illinois University  
Department of Communication - M.A. in Communication Studies  
DEPARTMENT COMMITTEE APPROVAL FORM  
**DUE STUDENT'S SECOND SEMESTER**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

ZID#: \_\_\_\_\_

Option you wish to pursue:  Thesis  Non-Thesis  
(Comprehensive Exam)

Anticipated semester and year of graduation: \_\_\_\_\_  
Spring/Summer/Fall Year

**COMMITTEE MEMBERS:**

|               |           |       |
|---------------|-----------|-------|
| _____ (Chair) | _____     | _____ |
| Print Name    | Signature | Date  |
| _____         | _____     | _____ |
| Print Name    | Signature | Date  |
| _____         | _____     | _____ |
| Print Name    | Signature | Date  |

**GRADUATE DIRECTOR APPROVAL REQUIRED (below):**

\_\_\_\_\_  
Graduate Director Date