

**DEPARTMENT OF COMMUNICATION
NON-THESIS OPTION**

Name: _____ <small>(As it will appear on the Diploma)</small>	Date: _____ <small>(Notified DGS First Week of Semester)</small>
Street Address: _____	UIN: _____
City State Zip: _____	E-Mail: _____
Home Number: _____	Cell Phone: _____

INDIVIDUAL PROGRAM OF STUDY

I have read the guidelines for the Non-Thesis Option which include: A) Comprehensive Exam, B) Format of the Exam, and C) Examination Schedule.

Signature of Student

Committee Members <small>Print Names</small>	Signatures	Approve	
		Yes	No
_____ Chairperson	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have verified that the student has completed at least 15-20 hours of coursework and is in good standing,

Chairperson