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:  

COMMITTEE MEMBERS:

_________________________ (Chair)  ________________________________
Print Name  Signature  Date

_________________________
Print Name  Signature  Date

_________________________
Print Name  Signature  Date

GRADUATE DIRECTOR APPROVAL REQUIRED (below):

_________________________
Graduate Director  Date

A copy of this completed form, including all signatures, must be given to every member of the student's committee and to Reavis 107.