

**MASTER OF ARTS IN STRATEGIC COMMUNICATION**  
**THESIS OR CAPSTONE PROJECT ADVISOR APPROVAL**  
**(COM 9991\_\_\_ or COM 9992\_\_\_ / 3 Credits)**

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Advisor: \_\_\_\_\_ Reader: \_\_\_\_\_ Semester: \_\_\_\_\_

Title of Thesis or Capstone Project (25 characters or less): \_\_\_\_\_

**Advisor MUST INCLUDE this Portion to Complete Registration:**

Course modality (in-person, hybrid asynchronous or synchronous, online asynchronous or synchronous): \_\_\_\_\_

If hybrid or in-person, please list in-person meeting dates: \_\_\_\_\_

**Must include All Approval Signatures:**

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Reader: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_