



SCHOOL OF COMMUNICATION

Illinois State University

39-hour Outcome Approval Form

Name:

UID number:

Work Phone: Home Phone:

ISU Email/ULID:

Current Address:

Title of the 39-hour Project:

Provide a brief description of the *meaningful revision(s)* made to the 39-hour paper/project, including which course the paper/project originated in:

Signatures from the Graduate Advisory Committee indicate an evaluation of the final revision(s):

| <i>Name (print or type)</i> | <i>Signature</i> | <i>Pass/Fail</i> | <i>Date</i> |
|-----------------------------|------------------|------------------|-------------|
| Chair: | | | |
| Member: | | | |

_____ Approved

_____ Not Approved

Graduate Coordinator Signature