



SCHOOL OF COMMUNICATION

Illinois State University

39-hour Proposal Approval Form

Name:

UID number:

Work Phone: Home Phone:

ISU Email/ULID:

Local Address:

Tentative Title of the 39-hour Project:

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

Signatures from the Graduate Advisory Committee indicate approval of the proposed revision(s):

<i>Name (print or type)</i>	<i>Signature</i>	<i>Date</i>
Chair:		
Member:		

Student Signature: _____ **Date:** _____

_____ Approved

_____ Not Approved

Graduate Coordinator Signature