



CALIFORNIA STATE UNIVERSITY
EAST BAY

Department of Communication

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GRADUATE PROGRAM IN COMMUNICATION

**APPOINTMENT OF PROGRAM ADVISOR/ADVISORY COMMITTEE
MASTER OF ARTS DEGREE IN COMMUNICATION**

Full Name (Last, First, Middle)

Date

Street Address

Student Identification Number

City, State, ZIP

E-mail Address

Home Telephone Number

Office Telephone Number

REQUEST FOR APPOINTMENT OF PROGRAM ADVISOR/ADVISORY COMMITTEE

New Program Advisor New Committee Change of Program Advisor Change of Committee

The Advisor must be a Communication faculty member and a Regular Member of the Graduate Faculty. The Advisory Committee consists of at least two members, including the Program Advisor. At least two members of the Advisory Committee must be Regular Members of the Graduate Faculty and a majority must be from Communication. A change of Program Advisor or Advisory Committee may be requested at any time.

Advisor _____ (COMM Regular Member of Graduate Faculty)

Committee Members (at least two must be Regular Members of Graduate Faculty)

Member _____ (COMM Member of Graduate Faculty)

Member _____ (COMM Member of Graduate Faculty)

Member (optional) _____ (Member of Graduate Faculty)

I agree to serve as Program Advisor and recommend the Advisory Committee listed above.

Signature of Program Advisor

Date

Approved Not Approved

Signature of Graduate Coordinator

Date

Return Completed Form to Graduate Coordinator for Processing
Department of Communication
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California State University, East Bay
Hayward, CA 94542
Phone: (510) 885-3292