

Request For Convocation Presentation

Student Name _____ MC ID _____

Program (select one): _____ Healthcare Communication
_____ Integrated Communication
_____ Strategic Communication

I request that I be able to present my original research at the next department convocation.

Graduate Advisor (Required)

Name _____ Signature _____ Date _____

Graduate Advisory Committee Member

Name _____ Signature _____ Date _____

Graduate Advisory Committee Member

Name _____ Signature _____ Date _____

The title of my paper is:

Student Signature _____ Date _____

After all signatures have been obtained, email this completed form to Dr. Merle Ziegler, Graduate Program Coordinator, at mziegler@mc.edu. Incomplete forms will be returned to the student and the student will not be allowed to make a presentation.

For Graduate Program Coordinator:

Signature _____ Date _____