

MA in Communication Departmental Application

1.	Name (Last, First, MI):			
2.	Email & Phone Number:			
3.	Concentration Sought (CSM or SCM):			
4.	Starting in Term (Semester, Year):			
5.	5. If admitted, do you plan to attend 1/3rd time (1 class/semester), 2/3 rd time (2 classes/semester), or Full time (3 classes/semester)?			
() 1/3 rd time	() 2/3 rd time	() Full time	
6.	If you will be attending full	time, do you wish to bo	e considered for a graduate assistantship?	
•	raduate assistantships require % reduction in tuition each se	•	ne department and provide a \$1,000.00 stipend and	
() Yes, I wish to be considered		() No, I do not wish to be considered	
7.	Do you plan to use a tuition	remission/reimbursen	nent program from your employer?	
() Yes		() No	
8.	8. Is there anything else you wish to share with the admissions committee that you have not been able to include elsewhere in your application materials?			
Plε	ease submit completed form a	lirectly to <u>data_entry@</u> @	<u>columbusstate.edu</u> via email.	