

Department of Communications
California State University, Fullerton
REQUEST FOR INDEPENDENT GRADUATE RESEARCH COMM 599

Students in the **Research and Theory Concentration** are **required to take at least one unit** of independent research COMM 599. Up to three units may apply toward the degree. Students in the **Professional Concentration** are encouraged to take traditional classes, but under special circumstances, the Graduate Coordinator may approve a study plan that includes one three-unit enrollment in COMM 599. This allows you to work with a faculty member for an independent study.

The work for COMM 599 must be independent in nature, research oriented, conceived by the student, equivalent of graduate-level work, and cannot be based on undergraduate level course work. This study is **not** intended to supplement work on a thesis or project.

Before applying for independent study, you must develop a proposal that includes a clear statement of the problem, issue, or approach to be taken, as well the form of the final product (normally a research paper). The description should also include the means by which the final product will be evaluated and a time line for completion of the work (normally one semester). All independent study proposals must be approved by the Graduate Coordinator and the Department Chair, as well as a faculty member who agrees to supervise the study or activity.

This form must be completed and submitted to the COMM Office (CP-400) before you can enroll in COMM 599.

Student Name: _____

CWID: _____

Student E-Mail: _____

Today's Date: _____

Student Phone: _____

Number of Units Requested:

Concentration:

Mass Comm Research & Theory

Professional Communications

One

Two

Three

Current Grade Point Average: _____

Semester Year: _____

Approved Study Plan Attached

Spring Fall

1-2 Page Research Proposal Attached

Summer Intersession

Rationale for this research as part of your Study Plan: _____

APPROVED: _____

Supervising Instructor Signature

Date: _____

APPROVED: _____

Graduate Advisor Signature

Date: _____

APPROVED: _____

Department Chair Signature

Date: _____