MA in Communication Departmental Application

1. **Name** (*Last, First, MI*):
2. **Email & Phone Number**:
3. **Concentration Sought** (*CSM or SCM*):

1. **Starting in Term** (*Semester, Year*):
2. **If admitted, do you plan to attend 1/3rd time (*1 class/semester*), 2/3rd time (*2 classes/semester*), or Full time (*3 classes/semester*)?**

( ) 1/3rd time ( ) 2/3rd time ( ) Full time

1. **If you will be attending full time, do you wish to be considered for a graduate assistantship?**

*(Graduate assistantships require 10 hours of work for the department and provide a $1,000.00 stipend and 50% reduction in tuition each semester).*

( ) Yes, I wish to be considered ( ) No, I do not wish to be considered

1. **Do you plan to use a tuition remission/reimbursement program from your employer?**

( ) Yes ( ) No

1. **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?**

*Please submit completed form directly to* *data\_entry@columbusstate.edu* *via email.*