APPOINTMENT OF THE CAPSTONE PROJECT ADVISER
Strategic Communication Students ONLY

It is the students’ responsibility to return this completed form to the Norcross Graduate School prior to registering for the first capstone course. All requested information must be provided. Return the signed form to the Norcross Graduate School office.

Student’s Name: __________________________________________________________

Student’s Email: __________________________________________________________

Strategic communication concentration: □ Public Relations □ Health Communication □ Public Relations/Health Communication

Proposed year and term of registration for the first capstone course: Year: _______ Term: □ Fall □ Spring □ Summer

Proposed title of capstone project:

APPROVAL SIGNATURES

Student: __________________________ Date: _________

Capstone Adviser: __________________________ Date: _________

NQSC Graduate Program Director: __________________________ Date: _________

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