

Department of Communication Studies Request for Creative Project

Name: _____ Date: _____
E #: _____ Phone: _____
Requested Director: _____ Email: _____
Project Title: _____
Project Description _____

Signatures:

_____	_____
Student Signature	Date
_____	_____
Graduate Coordinator	Date
_____	_____
Department Chair	Date

Department Use Only

Director Assigned _____

CU Assignment _____

*Rationale required only for non-graduate faculty, faculty from outside the department, etc.