



**Communication and Development Studies Graduation Checksheet  
Professional Project Option**

Internship or Service Learning (Max 5 hours):	Capstone Options - Select One
Location: _____ Semester completed: _____ Required forms submitted: <div style="margin-left: 40px;"> <input type="checkbox"/> Internship Information Sheet  <input type="checkbox"/> Internship Offer Validation  <input type="checkbox"/> Internship Performance Review           </div>	Professional Project Presentation Date: _____ <b>Professional Project Committee:</b> 1. (Chair) _____ 2. _____ 3. _____

**OFFICE USE ONLY**

<input type="checkbox"/> 48 hours completed <input type="checkbox"/> No more than 5 language credit hours counted towards 48 <input type="checkbox"/> Max of 8 independent study credit hours counted towards 48 <input type="checkbox"/> Max of 4 professional project credit hours counted towards 48 <input type="checkbox"/> Max of 5 internship credit hours counted towards 48 <input type="checkbox"/> Max of 4 service learning credit hours counted towards 48 <input type="checkbox"/> Max of 8 credit hours of courses graded as CR counted toward 48 <input type="checkbox"/> If student has taken ELIP courses: no more than 2 ELIP courses counted toward 48 <input type="checkbox"/> All courses 5000 level or above <input type="checkbox"/> No grade below C; no more than 2 grades below B <input type="checkbox"/> GPA 3.0 or better <input type="checkbox"/> Intermediate level language proficiency attained (B or better in 2nd level coursework) <input type="checkbox"/> Professional project proposal approval form <i>and</i> professional project evaluation form filed and signed by all committee members <input type="checkbox"/> If professional project courses have a letter grade, check GPAs on DARS <input type="checkbox"/> All independent study forms submitted (for independent studies not taken with program director) <input type="checkbox"/> Capstone completion/approval form submitted with all signatures <input type="checkbox"/> Degree completed within 7 years of start date <input type="checkbox"/> Permanent contact email address (other than ohio.edu account): _____
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**DIRECTORS:**

Courses taken are appropriate for program and degree and meet program-specific requirements

**Approved Graduation:**

\_\_\_\_\_  
(Program Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(CIS Director)

\_\_\_\_\_  
(Date)