

DEPARTMENT OF
COMMUNICATION



College of Arts
& Sciences

THESIS COMMITTEE – M.A. PROGRAM

NAME: _____ DATE: _____

The following members of the faculty will serve as my Thesis Committee:

<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
(Chair) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGREED:

GRADUATE STUDENT

DATE

AGREED:

GRADUATE DIRECTOR

DATE