

MARQUETTE UNIVERSITY
COLLEGE OF COMMUNICATION
MASTER'S THESIS TOPIC & COMMITTEE
APPROVAL FORM

Name: _____ MUID: _____

Address: _____

Phone: _____ E-mail: _____

I understand that this constitutes approval of my Thesis Topic and Committee and that any substantial changes in direction and/or methodology of my thesis will require the written approval of the entire Thesis Committee.

Summary of proposed Thesis topic: _____

Signature Date

Committee Members

Thesis Director (Typed Name) Signature

Member (Typed Name) Signature

Member (Typed Name) Signature

Committee Meeting Date: _____

Approved by the Associate Dean: _____
Signature Date