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

Name: _____ _____ MUID:_____

Address: _____

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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

3/00
ACG/sjr