MARQUETTE UNIVERSITY

COLLEGE OF COMMUNICATION

MASTER'S THESIS TOPIC & COMMITTEE

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: ____

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____ _______________________

Signature Date

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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