DEPARTMENT OF COMMUNICATION

**THESIS PROPOSAL DEFENSE FORM**

Master of Science in Communication

Student:

(print name)

Date of proposal defense: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Proposed title of thesis:

\_\_\_\_\_\_ The student has successfully defended his/her proposal and can proceed with thesis project.

\_\_\_\_\_\_ The student has successfully defended his/her proposal, will make suggested revisions to the   
 document, and can proceed with the thesis project.

\_\_\_\_\_\_ The student needs to make suggested changes to the proposal or project plan prior   
 to proceeding with the thesis project.

**Committee members:**

Chair (print name) (signature / date)

Committee Member (print name) (signature / date)

Committee Member (print name) (signature / date)

Dr. Andrew R. Binder

Director of Graduate Programs (signature / date)