

University of South Florida

Department of Communication

## APPROVAL OF THESIS PROPOSAL

The undersigned verify that the thesis proposal has been successfully defended by the following M.A. candidate, and that they are approved to proceed with their thesis research and writing.

Name ( <i>print or type clearly</i> )	UID#

Thesis Proposal Title	
Time, Date and Place of Examination	

Examining Committee	Name ( <i>print or type clearly</i> )	Signature of Approval	Date Signed
Major Professor Co-Major Professor			
Co-Major Professor Member			
Member			
Member			
Member			
Member			
Member			

Approvals	Name ( <i>print or type clearly</i> )	Signature of Approval	Date Signed
Chairperson/Dept. Graduate Director			