

APPOINTMENT OF MASTER'S COMMITTEE

COMMUNICATION STUDIES

STRATEGIC COMMUNICATION

Comprehensive Exam

Project

Thesis

Thesis

TCU ID _____

Date: _____

Name _____

Address _____

City, State _____ Zip Code _____

A candidate for the _____ M.S. degree in _____

Topic/Title: _____

I request appointment of the following faculty members to serve on this candidates's Masters Committee:

1. _____ Committee Chair

2. _____ Member Initials _____

3. _____ Member Initials _____

Committee Chair Approval: _____ Date _____

Graduate Director Approval: _____ Date _____

Approved: _____ Date _____

Associate Dean / Bob Schieffer College of Communication

Please return completed form to the dean's office in MOUS 207.