

DEPARTMENT OF
COMMUNICATION



THESIS ORAL DEFENSE COMMITTEE MEETING – M.A. PROGRAM

NAME: _____ DATE: _____

Title of Thesis: _____

_____ **Approved**

_____ **Approved with Conditions/Changes**
(State conditions and changes below)

_____ **Not Approved (state reasons below)**

_____ **Other (Specify below)**

COMMENTS/CHANGES:

Committee: _____ (Chair)

