
Title

By

*A Thesis Submitted to the Faculty of the Media Studies Program
In Partial Fulfillment of the Requirements for the Degree of Master of Arts*

**Committee:
Signatures only**

_____ **Faculty Advisor** **Date:** _____

_____ **Committee Member #1** **Date:** _____

_____ **Committee Member #2** **Date:** _____

_____ **Program Coordinator** **Date:** _____

Roger M. Echols II

_____ **Department Chair** **Date:** _____

Dr. Ali Ziyati

_____ **Dean** **Date:** _____

Dr. Scott Woodard