

Media Studies Graduate School
PROJECT PROPOSAL FOR MASTER OF ARTS DEGREE

Student's Name: _____ **Date:** _____

Email: _____

Project Title: _____

Medium: _____

Committee Members

Name of Director: _____ **Date:** _____

Signature: _____

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

Signature: _____

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

Signature: _____

Program Coordinator: _____ **Date:** _____

Signature: _____

Department Chair: _____ **Date:** _____

Signature: _____

Dean: _____ **Date:** _____

Signature: _____