

Media Studies Graduate School
THESIS PROPOSAL FOR MASTER OF ARTS DEGREE

Student's Name: _____ Date: _____

Email: _____ @wvstateu.edu

Tentative Title: _____

Committee Members

Faculty Advisor: _____ Date: _____

Signature: _____

Committee Member # 1: _____ Date: _____

Signature: _____

Committee Member # 2: _____ Date: _____

Signature: _____

Program Coordinator: **Roger M. Echols II** Date: _____

Signature: _____

Department Chair: **Dr. Ali Ziyati** Date: _____

Signature: _____

Dean: **Dr. Scott Woodard** Date: _____

Signature: _____