



TEXAS SOUTHERN UNIVERSITY

School of Communication

MASTER PROJECT DEFENSE APPROVAL FORM

This form certifies the following student successfully defended a Master Project and receive approval by the following committee members.

Please obtain the approval/signature of your committee chair before submitting the form to the graduate director.

Last Name: _____ First _____ Middle _____

TSU ID: _____

Degree: Master of Arts in Communication Expected Graduation Term _____
Concentration -Professional Communication & Digital Media

Master Project Title

Approved By:

Name: _____ Signature: _____ Date _____
Project Advisor

Name: _____ Signature: _____ Date _____
Committee Member

Name: _____ Signature: _____ Date _____
Committee Member

Name: _____ Signature: _____ Date _____
Committee Member

Name: _____ Signature: _____ Date _____
Graduate Program Director/Department Chair

