

**MA in Communication**  
**REQUEST TO SCHEDULE ORAL DEFENSE**  
Master Project|Comprehensive Exam|Practicum

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Student      T-Number

TSU Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

The candidate has met all requirements for the degree except the completion of Project/Oral Defense.  
( ) Approved ( ) Denied

\_\_\_\_\_  
**Graduate Director Signature**

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**Title of Project:**

\_\_\_\_\_

\_\_\_\_\_

**Proposed Date of Defense:**

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**Members of Committee:**

Graduate Faculty Name **(Please Type or Print)**

\_\_\_\_\_  
Committee Chair (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Committee Member (Print Name)

\_\_\_\_\_  
Signature