College of Communication
APPOINTMENT OF MASTERS COMMITTEE
Project

Last Name, First Name, Middle Initial _____ TCU ID _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ EMail _____

A candidate for the M.S. degree in _____

I request appointment of the following faculty members to serve on this candidate's Masters Committee.

_____ Committee Chair

_____

_____

_____ _____
Committee Chair Approval Date

_____ _____
Department Chair/Director Approval Date

_____ _____
Division Chair Approval Date

☐ Communication Studies ☐ School of Journalism
Department

_____ _____
Director of Graduate Studies, College of Communication Date