

College of Communication
APPOINTMENT OF MASTERS COMMITTEE
Thesis

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
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Department Chair/Director Approval	Date
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Division Chair Approval	Date
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Communication Studies School of Journalism
Department

Director of Graduate Studies, College of Communication	Date
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