

SCRIPPS COLLEGE OF COMMUNICATION

REPORT ON THE ORAL THESIS EXAMINATION

Name _____ PID# _____

Is seeking the X MCTP _____ MS degree in the School of Information & Telecom Systems

Major Code MC 5328
_____ CR or Letter Grade

After review, the Committee decision on _____ (date):

Exact title of thesis:

REQUIRED SIGNATURES

_____, Thesis Director

Associate Director for Graduate Studies

Date

This report must be signed and filed by the Associate Director for Grad Studies, as soon as the **FINAL** Committee Approval is given the corrected thesis.

| | |
|-------|---|
| _____ | Date original sent to Associate Dean, Scripps College of Communication, RTVC 483. |
| _____ | Date copy sent to Student Records, Chubb Hall. |
| _____ | Date copy of to the Advisor. |
| _____ | Date copy of to the Student. |