

**SCRIPPS COLLEGE OF COMMUNICATION**  
**REPORT ON THE MASTER'S THESIS PROPOSAL\***

*\*This form is optional and for internal School use as appropriate and does not need to be sent to the Dean's Office.*

Name \_\_\_\_\_ PID# \_\_\_\_\_

Is seeking the Master's degree in the School of \_\_\_\_\_

Major Code \_\_\_\_\_

Exact title of thesis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Date Proposal Approved
IRB materials ready for submission if applicable, _____	Yes _____ No _____

REQUIRED SIGNATURES

TYPED NAMES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thesis Advisor

\_\_\_\_\_  
Associate Director for Graduate Studies

\_\_\_\_\_  
Date

	Date SCHOOL gives copy to the Thesis Advisor.
	Date SCHOOL sends copy to the Student.