

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.