

**REQUEST FOR APPROVAL OF FACULTY FOR  
MASTER PROJECT COMMITTEE**

Date: \_\_\_\_\_

To: Director of School of Communication Graduate Program

From: \_\_\_\_\_  
Master Project Advisor Signature Department

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The following persons are recommended for appointment to the Examining Committee for

\_\_\_\_\_ who is a candidate for the Master's of Arts in  
(Student Name)

Communication in the Texas Southern School of Communication.

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

TSU T# \_\_\_\_\_

Title of Master Project \_\_\_\_\_

**List of persons recommended:**

Graduate Faculty Name (Please Type or Print)	Department
_____	_____
Project Advisor	
_____	_____
Committee Member	
_____	_____
Committee Member	
_____	_____
Committee Member	

Expected date of Defense \_\_\_\_\_