Appendix 1

Form A-2

School of Journalism Michigan State University

Approval of Thesis Proposal

Name:		
Date:		
Working Title of Th	esis:	
Thesis Director:		
Approved	Signature	
2nd reader		
Approved	Signature	
3rd reader		_
Approved Signat	ture	_
Proposed Starting D	Date:	_
Proposed Completion Date:		
copies: student file		Revised 8/2012