

UNIVERSITY OF DAYTON  
DEPARTMENT OF COMMUNICATION

## Thesis Approval Form

Student's Name: \_\_\_\_\_

Date of Defense (mm/dd/yyyy): \_\_\_\_\_

Anticipated Date of Graduation (Month Year): \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By their affixed signatures, the faculty members approve the thesis submitted by the student named above as fulfilling the requirements for the Master's Degree - Thesis Option, for the Department of Communication at the University of Dayton.**

Thesis Advisor: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

Director of Graduate Studies: \_\_\_\_\_

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