

**M.A. Media Studies  
Thesis Proposal**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date of Thesis Proposal Meeting: \_\_\_\_\_ Date Student Started Program: \_\_\_\_\_

Student's Committee

Names:

Signatures:

\_\_\_\_\_, Chair

\_\_\_\_\_

\_\_\_\_\_, Thesis Supervisor  
(If not Chair)

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**PLEASE ATTACH A COPY OF THE APPROVED PROPOSAL.**

Committee Decision

\_\_\_\_\_ The thesis proposal has met the approval of the committee.

\_\_\_\_\_ The thesis proposal has not met the approval of the committee.

If not approved, recommendation for revision: