

Masters Project Approval Form



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date of Approval: _____

UNID: _____

Degree: Master of Arts Master of Science

The student's project was evaluated by their committee and was approved.

The title is as follows: _____

Optional - If there were any specific revisions or suggestions which the Committee would like to submit as part of this report, please record comments here and on the back of this form.

Approved By:

Name: _____ Signature: _____
Committee Chair

Name: _____ Signature: _____
Committee Member

Name: _____ Signature: _____
Committee Member

Name: _____ Signature: _____
Director of Graduate Studies/ Department Chair

*Include a copy of the project proposal with this form.