

Student ID: _____

Last Name	First	Middle or Former

Street		

City, State, Zip		

Degree Sought

Major

Minor (if declared)

Daytime Phone

Email Address

To the Student and the Adviser:

On the next page, please provide your dissertation title and committee members.

At minimum, the committee consists of four members, three from the major field and one from the minor field or supporting program (who normally represent a graduate program and a budgetary unit outside the SJMC).

Indicate who should serve as chair. The chair must hold a senior membership on the graduate faculty, but cannot be the adviser or co-adviser. The chair may or may not be a thesis reviewer and may or may not be from the major field. **Indicate who should serve as the thesis reviewers.** At minimum, the thesis reviewers must consist of the adviser (who must have full membership on the graduate faculty in the student's major), one other major field examiner and one examiner from the minor field or supporting program.

Adviser and other committee members: Sign on the next page to indicate your approval of the student's thesis title and proposal.

Student ID: _____

Doctoral Thesis (working) Title:

Major Field Examiners print your name and sign
(minimum required: three examiners; the advisers and one other must be designated reviewers)

		Rev	Chr
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		

Minor Field or Supporting Program Examiner(s) print your name and sign (minimum required: one examiner who must also be a designated reviewer)

		Rev	Chr
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		
_____		<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature		

Adviser Name

Signature

Date

Co-adviser Name, if applicable

Signature

Date

Director of Graduate Studies

Signature

Date



SCHOOL OF JOURNALISM
& MASS COMMUNICATION

Doctoral Thesis
(Dissertation) Proposal
Doctoral Thesis

Student ID: _____

To the student:

In 250 words or less, provide a brief summary of your dissertation proposal. Use this sheet on one side only, or a separate sheet on one side only.

Last Name

First Name

Middle or Former

Thesis Proposal Budget Form

Title of Thesis: _____

Thesis Start Date: _____ Expected Completion Date: _____

Itemized Expenses (if any):

Estimated Cost	Description of Expense Item:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
	Total Expense:

List any potential funding source(s) and any pending grant applications:
