

**Michigan State University
Department of Media and Information**

THESIS PROPOSAL APPROVAL FORM (8/16)

Date: _____

Student Name: _____

Student Number: _____

Student Email: _____

The attached thesis proposal is approved, and the candidate is accepted under *Plan A* status.

Semester

Credits

Semester

Credits

Semester

Credits

Semester

Credits

Thesis Supervisor

Second Faculty or Specialist Advisor

Third Faculty or Specialist Advisor

Director of Graduate Studies

For which semester do you plan to enroll for thesis credits? _____