

## APPLICATION FORM FOR PROPOSAL HEARING Master of Arts in Communication Studies

Thesis       Non-Thesis (Project)       Non-Thesis (Prosem)

1. Name : \_\_\_\_\_  
2. Student ID : \_\_\_\_\_  
3. Batch/Class : \_\_\_\_\_  
4. Concentration : \_\_\_\_\_  
5. Phone Number : \_\_\_\_\_  
6. Adviser's Name: \_\_\_\_\_  
7. Title : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date of Submission

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended by:

Approved by:

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Thesis Coordinator