

PROPOSAL HEARING AGREEMENT Master of Arts in Communication Studies

1. Proposal Title : _____
2. Name : _____
3. Student ID : _____
4. Batch/Class : _____
5. Concentration : _____

PROPOSAL HEARING

Day/Date : _____ / _____
Time : _____

COMMENTS/AGREEMENTS

Noted by:

(_____) Student's Signature

(_____) Adviser's Signature

(_____) Panel Member 1

(_____) Panel Member 2

(_____) Seminar and Colloquium Lecturer
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