

**THE DEPARTMENT OF RADIO-TV-FILM
THE UNIVERSITY OF TEXAS AT AUSTIN**

Dissertation Proposal Defense

NAME: _____ DATE: _____

TITLE OF DISSERTATION:

I certify that a committee meeting was held on: _____
and that this proposal was approved by the committee. _____ Date

Advisor:

Committee Member

Committee Member

Committee Member

Committee Member

Approved:

GSC Chair

Date