Michigan State University

Department of Telecommunication Information Studies, & Media
Plan B Project Approval Form

Date: __________________

Student Name: ___________________________________

Student Number: _________________________________

Student Email: _________________________________

The attached project proposal is approved, and the candidate is accepted under Plan B Project status in the TISM MA Program. The student may enroll for credits in TC 898 Master Project for the following semesters and credits:

Semester_____ Credits _____     Semester_____ Credits _____

Semester_____ Credits _____     Semester_____ Credits _____

Semester_____ Credits _____     Semester_____ Credits _____

______________________________________ ______________ ______________________
Primary Project Advisor Signature                                                                    Primary Project Advisor Printed Name

_______________________________________________
Second Advisor Signature                                                                                   Second Advisor Printed Name

_______________________________________________
Director of M.A. Studies