

**MARQUETTE UNIVERSITY  
COLLEGE OF COMMUNICATION  
PROFESSIONAL PROJECT  
TOPIC & DIRECTOR APPROVAL FORM**

Name: \_\_\_\_\_ MUID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I understand that this constitutes approval of my Project proposal and that any substantial changes in direction of my Project will require the written approval of my Project Director.

Summary of proposed Project topic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

signature

\_\_\_\_\_

date

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I have discussed this proposed Professional Project with the above named student and I am willing to serve as his/her Project Director.

Typed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the Associate Dean: \_\_\_\_\_

signature

\_\_\_\_\_

date