

University of Kansas, Department of Communication Studies  
**Prospectus Outcome Form**

*This form should be completed by the committee immediately upon completion of the prospectus meeting. The student must receive a copy. Please return this form to Clare Thoman in hard copy or scanned PDF form: [clarethoman@ku.edu](mailto:clarethoman@ku.edu).*

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Approved with minor or moderate changes recommended

Extensive changes needed, second meeting required

Changes required:

Committee Chair/Thesis Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_