Approval to Transfer a Master’s Degree from another Institution

For the academic record of: _______________________________  SID: ___________________________
(student’s name)

Department of Psychology
University of Arizona
Tucson, AZ

As members of the Masters Committee for ______________________________, we attest that the thesis entitled:

______________________________________________________________________________________
______________________________________________________________________________________

Submitted and approved by:

______________________________________________________________________________________
(Department)

______________________________________________________________________________________
(Institution)

______________________________________________________________________________________
(Degree received)

Satisfies the requirements for a Master’s Thesis set forth by the Department of Psychology at the University of Arizona.

______________________________________________________________________________________  Date _______________
(Faculty signature/Print Name)

______________________________________________________________________________________  Date _______________
(Faculty signature/Print Name)

______________________________________________________________________________________  Date _______________
(Faculty signature/Print Name)