

**Approval to Transfer a Master's Degree from another institution**

For the academic record of: \_\_\_\_\_  
(Student's Name)

SID #: \_\_\_\_\_

Department of Psychology  
The University of Arizona  
Tucson, AZ 85721

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.

\_\_\_\_\_  
Faculty (Print Name)                      Signature                      Date

\_\_\_\_\_  
Faculty (Print Name)                      Signature                      Date

\_\_\_\_\_  
Faculty (Print Name)                      Signature                      Date

Please return this form to Graduate Coordinator when it is completed.