

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.