

FAYETTEVILLE STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY

FINAL EVALUATION OF THESIS

Signatures of the Thesis committee members certify _____ satisfactory, _____ unsatisfactory completion of the Thesis as of the date signed.

NAME: _____ a candidate for an M. A. degree
(Please Type)

with a program of concentration in: _____
(Counseling or Experimental Psychology track)

Title of Thesis: _____
_____.

Candidate has _____ successfully, _____ unsuccessfully completed the Oral Defense of Theses

COMMITTEE MEMBER SIGNATURES: Date: _____

Chair

Department Chair

Date

Please make 4 copies of the completed form