

# APPROVAL OF THESIS FOR MASTER OF ARTS DEGREE

CANDIDATE: \_\_\_\_\_

TITLE OF THESIS: \_\_\_\_\_

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We approve this thesis and recommend that it be accepted as partial fulfillment of the requirements for the degree of Master of Arts in

\_\_\_\_\_.

\_\_\_\_\_  
Research Advisor/First Reader

\_\_\_\_\_  
Chair of Exam/Second Reader

\_\_\_\_\_  
Third Reader

Date: \_\_\_\_\_

**This form must be submitted to the Office of Graduate Student Services at the Exit Interview**