

APPROVAL OF THESIS FOR MASTER OF ARTS DEGREE

CANDIDATE: _____

TITLE OF THESIS: _____

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