

Report of the Master's Thesis Equivalency Defense

School of Counseling and Counseling Psychology

This form must be submitted with a copy of your thesis equivalency when you request the signature of the School Director. Please attach a copy of the dissertation proposal to this form.

Name of Student: _____

ID Number: _____

Thesis Title:

Outcome	PLEASE TYPE NAMES	SIGNATURES	DATE
Pass Fail	Committee Chair:		
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