

# Report of the Master's Thesis Equivalency Defense

## Counseling and Counseling Psychology

This form must be submitted with a copy of your thesis equivalency when you request the signature of the Faculty Head. 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<br>Fail | Committee Chair:  |            |      |
| Pass<br>Fail | Committee Member: |            |      |
| Pass<br>Fail | Committee Member: |            |      |
| Pass<br>Fail | Committee Member: |            |      |
| Pass<br>Fail | Faculty Head      |            |      |