



**Department of Child and Youth Studies
MA Thesis Approval Form**

Please sign and send to the CHYS Graduate Program Director and CHYS Graduate Administrative Coordinator.

After this form is signed by all members of the Thesis supervisory committee a Thesis defence will be scheduled.

The undersigned, members of the Thesis Supervisory Committee, hereby certify that the Thesis entitled:

prepared by:

is satisfactory and ready for defence.

Date of Thesis approval: _____

Signatures of Student and Supervisory Committee:

Student Name (print)	Signature	Date
Supervisor Name (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Committee Member (print)	Signature	Date
Graduate Program Director Name (print)	Signature	Date