

FORM 3M
UNIVERSITY OF MIAMI GRADUATE SCHOOL
CERTIFICATE OF APPROVAL OF MASTER'S THESIS
(3 originals are required)

TO BE FILLED IN BY STUDENT: (Please type)

Author's Name: _____

Author's ID #: _____

School: _____ Major: _____

Title of Thesis: _____

TO BE FILLED IN BY COMMITTEE MEMBERS (who also sign certification page of thesis)

This is to certify (1) that this thesis has been approved by the committee: (2) that the student has satisfactorily passed the oral examination in defense of the thesis on _____ (**date**); (3) that credit should be given as follows, with a grade of "S":

Course No. _____ Credits _____

(Please have committee members' names typed/printed in next to or below their signature.)

SIGNED: _____ Chairperson _____ (Date)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

TO BE FILLED IN BY DISSERTATION COORDINATOR

This thesis has been examined and found to be complete and suitable for binding.

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Dissertation Coordinator in the Graduate School

(One copy of signed form to be returned to the Psychology Department.)

FORM 3D
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(3) that credit should be given as follows, with a grade of "S":

Course No. _____ Credits _____

(Please have committee members' names typed/printed in next to or below their signature.)

SIGNED: _____ Chairperson _____ (Date)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

_____ (Committee Member)

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This thesis has been examined and found to be complete and suitable for binding.

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_____ Dissertation Coordinator in the Graduate School
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