

WESTERN OREGON UNIVERSITY

**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF
WESTERN OREGON UNIVERSITY, HAVE EXAMINED THE ENCLOSED**

Thesis

Field Study

Professional Project

Titled: _____

Presented by: _____,

a candidate for the degree of:

and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment of the requirements for this master's degree.

Committee Chair:

Name: _____ Signature: _____

Date: _____

Committee Members:

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Director of Graduate Programs

Name: _____ Signature: _____

Date: _____