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PSYCHOLOGY DEPARTMENT FILE COPY**

Date \_\_\_\_\_

I HEREBY RECOMMEND THAT THE MASTER'S PROJECT UNDER MY SUPERVISION BY

Name: \_\_\_\_\_

**ENTITLED:** \_\_\_\_\_

BE ACCEPTED AS FULFILLING THIS PART OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTER'S OF PSYCHOLOGY

\_\_\_\_\_  
(Advisor)

\_\_\_\_\_  
(1st Sponsor)

\_\_\_\_\_  
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**Communication:** Please list an address and phone number where we may reach you during the three months following the submission of your project if you are not in a Ph.D. program.

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