

**Return Completed Form to the PSYCHOLOGY Graduate Training Office**

**NOTIFICATION OF COMPLETION OF FINAL EXAMINATION**

The Thesis Prepared by: \_\_\_\_\_

Entitled: \_\_\_\_\_

Has been read and judged appropriate by the members of the thesis committee appointed by the Graduate College as fulfilling this part of the masters degree in psychology.

\_\_\_\_\_  
Thesis Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Sponsor Signature

\_\_\_\_\_  
2<sup>nd</sup> Sponsor Signature

<p>This is to confirm that the above named student has</p> <p><b>PASSED</b>                      <b>FAILED</b></p> <p>(circle one)</p> <p>the final oral and/or written examination required by this department.</p> <p>_____ Thesis Chair Initials</p>
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**Please indicate your future plans:**

Employment? School? \_\_\_\_\_

**Communication:**

Please list an address and phone number where we may reach you during the three months following the submission of your thesis.

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**Psychology Alumni Web Site**

Unless otherwise requested, we list the name, graduation date and thesis/dissertation title of alumni on the Psychology Alumni Web Site, [www.wmich.edu/psychology](http://www.wmich.edu/psychology). May we have your permission to list any of the following contact information on the web site (circle yes or no)?

**Postal Address**    **yes**    **no**    List address if different from above

**Telephone**        **yes**    **no**    List phone number if different from above

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