

**DO NOT FORWARD THIS FORM TO THE GRADUATE COLLEGE
PSYCHOLOGY DEPARTMENT FILE COPY**

Date _____

Name: _____

WE HEREBY RECOMMEND THAT THE MASTER'S THESIS PREVIOUSLY COMPLETED
AT A UNIVERSITY OTHER THAN WESTERN MICHIGAN UNIVERSITY

ENTITLED

BE ACCEPTED AS FULFILLING THE THESIS REQUIREMENT FOR THE DEGREE OF
DOCTOR OF PSYCHOLOGY AT WESTERN MICHIGAN UNIVERSITY

(Advisor)

(1st Sponsor)

(2nd Sponsor)

Graduate Training Committee Chair

<p>Thesis completed at a different Department/University? _____</p> <p>If yes, name of Department and University</p> <p>_____</p> <p>_____</p>	<p>Check one: Requesting</p> <p>-transfer up to 6 credit hours _____</p> <p>-*waive up to 6 credit hours _____</p> <p>*Up to 6 credit hours can be transferred from a completed Master's Degree, and up to 30 hours can be waived</p>
--	--

NOTE: For Thesis conducted and defended in the Department of Psychology at Western Michigan University, this form is not appropriate. You must use the official Graduate College signature forms.