



DATE:

MEMORANDUM

To: Shannon Pruden, Ph.D., Director of Graduate Studies, Department of Psychology

RE: Successful completion of thesis project and thesis requirements

Student's name (name typed)

Panther ID

The student named above successfully defended their master's project on _____(Date of defense) and has officially met the requirements in the Department of Psychology for successful completion of a Master's Thesis in Cognitive Neuroscience. This memo shall serve as official confirmation to the Registrar's Office to award the Degree of Master's of Science.

Thesis Title: _____

The following faculty served on the committee and by their signatures below, indicate that the thesis project has met their satisfaction:

Major Professor (name typed and signed)

Date

Member (name typed and signed)

Date

Member (name typed and signed)

Date

Member (name typed and signed)

Date

I attest that I have read and verify that this thesis meets the standards of quality and the student has met the full requirements of the Department of Psychology's Master's of Science.

Dr. Shannon M. Pruden
Director of Graduate Studies
Department of Psychology

Date