



Psychology Department
1000 East Victoria Street, Carson, CA 90747
310-243-3427

Master of Arts in Psychology

THESIS COMMITTEE AGREEMENT FORM

The following three (3) people have agreed to serve on my Thesis Committee:

1. Chair of Thesis Committee:

Print Name and title

Signature

Date

2. Thesis Committee Member:

Print Name and title

Signature

Date

3. Thesis Committee Member:

Print Name and title

Signature

Date

Name of Candidate: _____

Print Name

Signature

M. A. Option _____