

**TTU COUNSELING PSYCHOLOGY PROGRAM  
TRANSFER OF MASTER'S DEGREE ACCEPTANCE FORM**

Name of student

Thesis title

School where MA/MS degree was earned

Name of advisor

Name of second reader

The thesis satisfies requirements for the thesis/second-year project      Yes      No

Signature of advisor      Date

The thesis satisfies requirements for the thesis/second-year project      Yes      No

Signature of second reader      Date