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UNIVERSITY of ROCHESTER

MASTER'S THESIS

We, the undersigned, appointed to read the MASTER'S THESIS written by _____, candidate for the Master of Arts degree, state that the dissertation is accepted as fulfillment of the thesis requirement.

Title of Master's Thesis: _____

Master's Thesis Advisor: _____
(Signature and date)

Master's Thesis Reader (within the department): _____
(Signature and date)

Master's Thesis Reader (outside the department): _____
(Signature and date)

The Committee members _____ recommend that this thesis be do/do not

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[At least two committee members, one of whom must be the advisor, need to approve this recommendation]:

Please initial approval: _____ _____ _____
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Please return completed form to the Graduate Studies Office.