

STATE UNIVERSITY OF NEW YORK
NEW PALTZ
Report of Oral Comprehensive Exam

Date _____

To: The Graduate School

From: Thesis Committee (neatly print names):

Adviser: _____

Reader: _____

Reader: _____

We are pleased to report the successful completion of the oral comprehensive exam (thesis defense) for the

M.A. Psychology (208)

M.S. Mental Health Counseling (290)

degree by:

Name of Student (neatly print name)

Date of Oral Comprehensive Exam

Thesis Chair Signature:

Date/Signature - Thesis Adviser

Adviser sends original to The Graduate School (campus mail: HAB 804; fax: x3284); copy to Graduate Psychology Office