CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
Michael D. Eisner College of Education
Department of Educational Psychology & Counseling

Thesis / Graduate Project Department Signature Form

(PRINT) Student Name _____ Student ID # _____

Address _____ City_____ Zip _____

Cell Phone _____ Other Phone _____

Email address _____

Student Signature _____ Date _____

Please circle your program option below:

Career CC/SS DLI &E ECE

MFT MFT/SC SC SP

I am currently enrolled in:

_____ EPC 698C _____ XEDU 980

I have enrolled in EPC 698C in previous semesters: ____ Yes _____ No

If yes, list all semester(s) of enrollment: _____

I, _____, verify I have electronically approved _____
(Committee Chair's name) (Student's Name)

Thesis/Graduate Project on the Electronic Thesis Dissertation (ETD) website. I have notified the EPC department that the above student has satisfactorily completed his or her thesis or graduate project. I understand if I do not electronically sign off on the ETD website *and* notify the EPC department that the student will not be awarded his or her master's degree until I have done so.

Committee Chair's Signature_____ Date _____