

# Georgia Institute of Technology

## School of Psychology

### CERTIFICATE OF SENIOR THESIS APPROVAL

*All information is to be typed. This form will not be signed by the undergraduate coordinator until the student has turned in an electronic (PDF) copy of the approved thesis to the undergraduate coordinator.*

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
          First                                    Middle                                    Last

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the below signed, hereby state our full approval of the senior thesis submitted by the above student in partial fulfillment of the requirements for Psyc 4601.

APPROVED:

_____ Typed Name of 1st Reader (Thesis Supervisor)	_____ Signature and Date
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_____ Typed Name of 2nd Reader	_____ Signature and Date
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_____ Typed Name of Undergraduate Coordinator	_____ Signature and Date
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