**SACP Thesis Proposal Approval Form**

Date:

This is to certify that ,

(Name) (Student #)

has successfully defended and had approved the proposal for their thesis for the M.A. in School and Applied Child Psychology in the UBC Department of Educational and Counselling Psychology, and Special Education.

Title of Thesis:

Supervisory Committee:

Supervisor(s):

Name Signature

Supervisory Committee:

Name Signature

Name Signature