CALIFORNIA STATE UNIVERSITY SAN MARCOS

THESIS SIGNATURE PAGE

THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE

master of arts or science

in

program title here

THESIS TITLE: Enter THESIS Title

AUTHOR: Enter Your Name

DATE OF SUCCESSFUL DEFENSE: Enter Defense Date

THE THESIS HAS BEEN ACCEPTED BY THE THESIS COMMITTEE IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF arts or science IN program title.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Committee Chair |  |  |  |  |
| THESIS COMMITTEE CHAIR  |  | SIGNATURE |  | DATE |
| Name of Committee Member |  |  |  |  |
| THESIS COMMITTEE MEMBER |  | SIGNATURE |  | DATE |
| Name of Committee Member |  |  |  |  |
| THESIS COMMITTEE MEMBER |  | SIGNATURE |  | DATE |