**APPROVAL OF THESIS/PROJECT PROSPECTUS, REVISIONS, AND DEFENSE**

Insert Name of Chairperson

Chairperson of Committee Signature Date

**I CERTIFY THAT THE ACCOMPANYING MASTER’S THESIS/PROJECT IS MY ORIGINAL WORK CREATED EXCLUSIVELY TO FULFILL THE REQUIREMENTS OF THE DEGREE PROGRAM IN WHICH I AM ENROLLED AT EMERSON COLLEGE.**

Insert Full Name of Student

Student Signature Date

**FINAL APPROVAL OF THESIS/PROJECT CONTENT AND STYLE:**

Insert Name of Chairperson

Chairperson of Committee Signature Date

Insert Name of Committee Member

Committee Member Signature Date

Insert Name of 2nd Committee Member

Committee Member Signature Date

Insert Name of Graduate Program Director

Graduate Program Director Signature Date

Jan Roberts-Breslin

Dean of Graduate Studies Signature Date