



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

**Psychology Department**  
1000 East Victoria Street, Carson, CA 90747  
310-243-3427

**Master of Arts in Psychology**  
**THESIS COMMITTEE AGREEMENT FORM**

The following three (3) people have agreed to serve on my Thesis Committee:

**1. Chair of Thesis Committee:**

\_\_\_\_\_

Print Name and title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**2. Thesis Committee Member:**

\_\_\_\_\_

Print Name and title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**3. Thesis Committee Member:**

\_\_\_\_\_

Print Name and title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Name of Candidate:** \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**M. A. Option** \_\_\_\_\_