



**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

Action Research Project Title:

Graduate Student:_____

Candidate for the degree of : Master of Arts in Teaching: Initial Licensure

*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment
of the requirements of this master's degree.*

Committee Chair:

Name:_____ Signature:_____
Date:_____

Committee Member:

Name:_____ Signature:_____
Date:_____

Director of Graduate Studies:

Name: Amber N. Deets Signature:_____
Date:_____