



**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 : _____

*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 Deets Signature: _____

Date: _____