***Program Director Approval Page***

As the Program Director of the Master of [Arts/Science] in [Program Name] Program at John Jay College of Criminal Justice, City University of New York, I confirm that I have received all original committee signatures and given my approval for the following Master’s thesis, presented in partial fulfillment of the requirements for the degree of Master of [Arts/Science] in [Program Name]:

**[Full Title of Thesis]**

[Author’s Full Legal Name]

[Month & Year of Commencement]

Dated and Initialed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Full Name of Director]

Program Director