

SAMPLE TITLE PAGE

TITLE

AUTHOR

PROFESSIONAL REPORT (CLIENT REPORT)

Submitted in partial satisfaction of the requirements for the degree

of

MASTER OF CITY PLANNING

in the

Department of City and Regional Planning

of the

UNIVERSITY OF CALIFORNIA, BERKELEY

APPROVED

Type in names of committee members;
signatures are not required here. Two
names are required for the Client Report,
three for the Professional Report

Date: _____ (Semester and year of filing)