REPORT OF THESIS FINAL EXAMINATION

DATE OF EXAM ________________________ Student Number ________________________

Name of Candidate ________________________ ________________________ ________________________
Last First Middle

Local Address __________________________________________________________

Degree for which examination is given ______________________________________

Department or School (and area of concentration, if any) ______________________

Exact title of Thesis ______________________________________________________


If master’s degree candidate elected an option not requiring a thesis, indicate which one and briefly describe work done in lieu of thesis ______________________


Signatures of examining committee:

Name (typed or printed) | Signatures | Pass | Fail
---|---|---|---
Advisor | ________________________ | | |
| ________________________ | | | |
| ________________________ | | | |
| ________________________ | | | |
| ________________________ | | | |
| ________________________ | | | |

**FINAL RESULT:** Pass ☐ Fail ☐*

*Attach comments or specified conditions if student fails.

__________________________________________________________
Graduate Program Coordinator

__________________________________________________________
Chair/Director

__________________________________________________________
College Dean

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Walter (sensib)
Yellen
Gold
Pask

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Research
College
Student
Department School