



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 <small>(use check mark)</small>	Fail
Advisor	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINAL RESULT: Pass Fail *

*Attach comments or specified conditions if student fails.

Graduate Program Coordinator _____

Chair/Director _____

College Dean _____

White (original) Registrar
Yellow College
Gold Student
Pink Department/School