



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:

Table with 4 columns: Name (typed or printed), Signatures, Pass (use check mark), Fail. Row 1: Advisor, empty signature line, empty pass box, empty fail box. Rows 2-4: empty.

FINAL RESULT: Pass Fail *

*Attach comments or specified conditions if student fails.

Graduate Program Coordinator

Chair/Director

College Dean

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