



Report of the Master's Examining Committee

(Submit to the Graduate School as soon as possible after the exam, project presentation or thesis defense)

Student Name: _____ Student Number: _____

Thesis title (if applicable): _____

Date examined: _____ Degree _____

Degree Program _____

This candidate has been examined by the committee with the following results:

PASS

FAIL

Signatures of the committee members:

Pass

Fail

Member 1 _____

(Print Name) _____

Member 2 _____

(Print Name) _____

Member 3 _____

(Print Name) _____

Additional members (optional)

Member 4 _____

(Print Name) _____

Member 5 _____

(Print Name) _____

Committee action approved:

Director of Graduate Studies' Signature

Date: _____

The results of the final examination are recorded:

Graduate Dean's Signature

Date: _____

**DO NOT
WRITE IN
THIS BOX
(office use only)**

Date copies sent to the Advisor and Director of Graduate Studies: _____