

Report on the Final Examination for the Master's Degree

Student Name: _____ Phone: _____

Student ID (if known): and/or NetID (if known):

Email: _____ Field of Study _____

Plan of Study PLAN A (WITH THESIS) PLAN B (NON-THESIS)

This report must be submitted to the Office of the Registrar whether the examination has been passed or failed. It is a required document for the audit of records for a Master's degree conferral. The original should be submitted to the Office of the Registrar and a copy is to be retained by your major advisor. It must be submitted no later than the appropriate August, December, or May conferral date.

If this report is submitted after the appropriate deadline, your degree will not be conferred until the following conferral date.

1. FINAL EXAMINATION

A. Date(s) given (mm/dd/yyyy) WRITTEN SECTION _____ ORAL SECTION _____

B. Faculty members participating (including members of advisory committee.)

PLEASE TYPE OR PRINT NAMES

2. RESULTS OF THE EXAMINATION PASS FAIL

3. COMMENTS _____

Date: _____

ADVISORY COMMITTEE

ADVISOR'S NAME (PRINTED)

ORIGINAL SIGNATURE (REQUIRED)

MAJOR ADVISOR
(REQUIRED)

ASSOCIATE ADVISOR
(REQUIRED)

ASSOCIATE ADVISOR
(REQUIRED)

ASSOCIATE ADVISOR

ASSOCIATE ADVISOR
