

**FINAL REPORT – WITH EXAMINATION**

Certifying Fulfillment of the Master’s Degree Requirements

Student’s Name: ID#: Date:

Program: with thesis (Plan A)

Thesis Title:

Number of Credit Hours completed in: Major: Minor: **TOTAL:**

**Advisor’s Recommendation for Oral Master’s Examination**

Advisor’s Name:

 Committee Members:

Advisor’s Signature: Date:

**Report on Oral Master’s Examination**

Notice is hereby given that on this date the oral master’s examination for the above named student was held. The examination pertained to the student’s coursework; core and related areas of knowledge; and his/her thesis.

It is hereby certified on the basis of the student’s command or knowledge in his/her core and related fields and the substantial and acceptable character of the thesis, that the student:

 Satisfactorily passed the Thesis Master’s Examination

 Did not satisfactorily pass the Thesis Master’s Examination

 Exam Date: Grade:

Recommendations: Committee Member Signatures

Approved by the Graduate Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_