

## FINAL EXAMINATION FORM

This form is to be completed by a student's committee and department to indicate that the student has passed the final defense of their thesis. This form must be submitted by the appropriate deadline:

**November 30** for December, **April 30** for May, and **July 30** for August graduation.

Name \_\_\_\_\_

University ID  
9 digit # on ID

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Program \_\_\_\_\_ Degree \_\_\_\_\_ Defense Date \_\_\_\_\_

A master's degree candidate must achieve satisfactory standing in a final examination (oral, written or both) conducted by two or more graduate faculty members designated by the candidate's department.

Committee	Name	Signature	Department
Thesis Advisor			
Committee Member			
Committee Member			
Optional Member			
Optional Member			

Approved Title of Thesis if applicable. If the final exam was a comprehensive exam or other, please indicate that below with an N/A

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This examination is in fulfillment of the requirements as described in the Record for the appropriate degree.**

