REPORT OF DISSERTATION 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 Dissertation

Signatures of examining committee:

Name (typed or printed)	Signatures	Pass (use check mark)	Fail (use check mark)
_____ Committee Chair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____ Outside Discipline Person	_____	_____	_____
_____ Graduate Faculty Representative	_____	_____	_____

FINAL RESULT: **Pass** ☐ **Fail** ☐ *

*Attach comments or specified conditions if student fails.

_____ Moderator (does not vote)

_____ Chair/Director

_____ Graduate Program Coordinator

_____ Graduate Dean

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

Feb. 05