



Result of Master's Degree Examination or Requirement

(A separate form shall be submitted following each examination/requirement completion.)

This is to certify that on _____ (Date)

(Student's Name) (Social Security Number)

who is enrolled in the _____ program,
(title of degree program)

_____ the examination checked below:
(passed/failed/completed)

Signatures of appropriate chair or examiner or committee members required for all examinations.

	Chair/Examiner	Date
Written Comprehensive Examination	_____	_____
Oral Comprehensive Examination	_____	_____
Thesis Prospectus	_____	_____
Oral Thesis Defense Examination	_____	_____
Research Skills Examination (Specify Skill)	_____ _____	_____ _____
Foreign Language Skill Examination (Specify Skill)	_____ _____	_____ _____

Remarks: _____

Thesis Title: _____

Graduate Program Director Date

Original: Graduate Program Director
Copy: Student/Chair/ Examiner/Registrar