



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 examiner or committee
members required for all examinations.

Chair/Examiner

Date

Written Comprehensive Examination _____

Oral Comprehensive Examination _____

Thesis Prospectus _____

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