Report Of Comprehensive Examination, Thesis Or Project Defense, Portfolio Or Essay Presentation, And Study Report

Student Name: ___________________________________________ ID #: 800_________

Degree/Major: ____________________________________________

The above named student has: (Check one) _____Passed _____Failed

_____Written Comprehensive Examination On: Month_____ Day______ Year______

_____Oral Comprehensive Examination On: Month_____ Day______ Year______

_____Thesis Defense On: Month_____ Day______ Year______

_____Project Defense On: Month_____ Day______ Year______

_____Portfolio Presentation On: Month_____ Day______ Year______

_____Essay Presentation On: Month_____ Day______ Year______

_____Study Report On: Month_____ Day______ Year______

Committee Signatures (All committee members must be active members of the Graduate Faculty):

Chair:
(Print Name, Sign and Date)

Member:
(Print Name, Sign and Date)

Member:
(Print Name, Sign and Date)

Member:
(Print Name, Sign and Date)

Graduate Program Director:
(Print Name, Sign and Date)

April 2013