



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

REPORT OF MASTERAL/DOCTORAL EXAMINATION

Name of Candidate: _____
 Degree Sought: _____
 Title of Thesis/Dissertation: _____
 Schedule and Place of _____
 Master's/Dissertation _____
 Examination: _____

ACTION OF MASTER'S/DOCTORAL EXAMINATION PANEL

	PANEL MEMBER	FOR ACCEPTANCE	FOR REJECTION	PROVISIONAL
1.	_____ (ADVISER)	_____	_____	_____
2.	_____ (CO-ADVISER)	_____	_____	_____
3.	_____ (READER)	_____	_____	_____
4.	_____ (EXAMINER)	_____	_____	_____
5.	_____ (EXAMINER)	_____	_____	_____

PANEL DECISION: PASSED () FAILED () PROVISIONALLY PASSED ()
 CONDITIONS, IF ANY: _____

Submitted by:

 Deputy Director for Academic Affairs /
 Chairman, Examination Panel

 Chair, Graduate Committee

Date: _____

Date: _____