



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

REPORT OF ACTION ON PROVISIONAL PASS

Name of Student: _____ Degree Program: _____

Title of Thesis/Dissertation:

Schedule and venue of Masteral/Doctoral Exam: _____

ACTION OF EXAMINATION PANEL

PANEL MEMBER	FOR ACCEPTANCE	FOR REJECTION	PROVISIONAL
Adviser	_____	_____	_____
Reader	_____	_____	_____
Examiner	_____	_____	_____
Examiner	_____	_____	_____

Panel Decision: PASSED FAILED PROVISIONALLY PASSED

Conditions by the panel, if any:

Submitted by: _____ Noted by: _____

 Program/Thesis/Dissertation Adviser Chair, Graduate Committee

Date: _____ Date: _____