

**RECORD OF THESIS AND ORAL EXAMINATION
REQUIREMENTS FOR MASTER'S DEGREE CANDIDATE**

Department of: _____

Student's Name: _____ **Student Number:** _____

1. Thesis Title: _____

2. Thesis has been: _____ Accepted _____ Rejected _____ Accepted subject to revisions (beyond minor editorial changes) required by Committee

3. Oral examination in defense of the THESIS was conducted on: _____ Date of Oral Exam
The student _____ Passed
_____ Failed – Reason: _____

4. Dissenting opinions and signatures of dissenting examiners, if any:

Name Dated Name Dated

5. Subject to the satisfactory completion of other requirements, this student is recommended for the degree of MASTER'S DEGREE IN _____.

<u>Signature of Guidance Committee Members:</u>	<u>Printed Names of Members:</u>	<u>Date:</u>
	_____, Chairperson	

Major revisions required:

Revisions, if any, approved: _____ Date _____
Chairperson of Guidance Committee

Approved: Program Director: _____

Associate / Assistant Dean: _____