

Master Exam / Thesis Form

Name:		First	Midd	lle
uNID #:		Current Date:		
Degree Program:				
Please choose one of the follow				
Master's Comprehensive Exam	Date:	P	assed:	Failed: [
Thesis Defense Final Exam	Date:	Po	assed:	Failed: [
Thesis title:				
Project/Nonthesis Final Exam	Date:	P	assed:	Failed: [
The student's examination and follows:	/ or thesis / disse	rtation was evaluated	by the comm	itteee as
Approved By:				
Committee Chair:	V	Signatur		
	Name	Signatui	re .	Diti
		-		Date
Committee Members:	Name	Signatur	e	Date Date
	Name Name	Signatur		
	Name nake sure that everything h by logging into Campus In	Signaturnas been recorded in their Electrormation Systems (http://cis.u	e ronic Graduate Reco tah.edu) and clickin	Date Date Date