

**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 _____.

Signature of Guidance Committee Members:	Printed Names of Members:	Date:
_____	_____, Chairperson	_____
_____	_____	_____
_____	_____	_____

Major revisions required: _____

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

Approved: Program Director: _____
 Associate / Assistant Dean: _____