

**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: _____ <div style="text-align: right; margin-right: 100px;">Date of Oral Exam</div> The student _____ Passed _____ Failed – Reason: _____						
4. Dissenting opinions and signatures of dissenting examiners, if any: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 15%;">Dated _____</td> <td style="border: none; width: 33%;">_____</td> <td style="border: none; width: 15%;">Dated _____</td> </tr> </table>			_____	Dated _____	_____	Dated _____
_____	Dated _____	_____	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>	Date:				
	_____, Chairperson					
Major revisions required: _____						
Revisions, if any, approved: _____ <div style="text-align: center; margin-top: 10px;"> Chairperson of Guidance Committee Date </div>						
Approved: Program Director: _____ Associate / Assistant Dean: _____						