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Report on Comprehensive Examination/Thesis Defense

Name: _____
Last First Middle

Eagle ID # (Do Not Use SS#): 900- -

Degree: _____ Major _____

<u>REPORT</u>	<u>COMPREHENSIVE/TERMINAL EXAM</u>	<u>THESIS DEFENSE</u>
	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass
	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail

If the report is Fail, state conditions or specify if any re-examination is recommended:

1. Committee Chair: (Print Name) _____

Signature, indicating acceptance *Date*

2. Committee Member: (Print Name) _____

Signature, indicating acceptance *Date*

3. Committee Member: (Print Name) _____

Signature, indicating acceptance *Date*

4. Committee Member: (Print Name) _____

Signature, indicating acceptance *Date*

5. Committee Member: (Print Name) _____

Signature, indicating acceptance *Date*

This report must be submitted to the College of Graduate Studies no later than one week prior to the last day of classes for the term during which the Comprehensive Exam/Thesis defense is taken.

Return to: College of Graduate Studies
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