

## REPORT OF FINAL COMPREHENSIVE EXAMINATION/THESIS DEFENSE

**NAME:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**Chairperson of Student's Graduate Committee:**

**FROM:** Dr. Dennis Grady, Dean  
College of Graduate and Professional Studies

\_\_\_\_\_ Report of Final Comprehensive Examination (Oral/Written)

\_\_\_\_\_ Report of Thesis Defense

The above named student has at least a "B" average in his/her major and in his/her overall program, and is scheduled to graduate at the close of the fall semester 2004. The final comprehensive examination/thesis defense can be scheduled at whatever time is convenient for all persons concerned. Approval is hereby granted for the student to proceed with this examination. **(Not valid without the approval of the College of Graduate and Professional Studies.)**

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Dean, College of Graduate and Professional Studies

This is to certify that the above student took the final comprehensive examination/thesis defense as part of the requirements for the degree of:

Ed.S. \_\_\_\_\_ M.B.A. \_\_\_\_\_ M.S. \_\_\_\_\_ M.S.W. \_\_\_\_\_  
M.A. \_\_\_\_\_ M.F.A. \_\_\_\_\_ M.S.N. \_\_\_\_\_

**Date of Examination/Defense:** \_\_\_\_\_

**Each committee must consist of at least three members of the graduate faculty; all three members must sign the form.**

### EXAMINATION SATISFACTORY

### EXAMINATION UNSATISFACTORY

\_\_\_\_\_  
Committee Chairperson Date

\_\_\_\_\_  
Committee Chairperson Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

Please return **ORIGINAL** to the Graduate College, Lucas Hall or Box 6928  
Retain a copy for your records.

*For Graduate College use only*

