THESIS EXAMINATION REPORT

Student’s Name ___________________________ MU ID # ___________________________
Department ___________________________ s.h. ___________________________
# of credits ___________________________

Date of Examination _______________ Program ___________________________

Title of Thesis _______________________________________________________________

Action taken on Thesis:

_______ Approved

_______ Approved with revisions suggested by committee and to be checked by chair

_______ Schedule a re-exam after corrections or revisions have been made

_______ Not Approved (Specific reasons in writing should be attached)

_______ Other (Please explain)

Names of Examining Committee:

_______________________________

_______________________________

_______________________________

_______________________________

_______________________________

Chair of Committee signature ________

* Please note this is for notification of approval only, grade must be submitted via Banner web grading to appear officially on transcript.

Submit completed form directly to the Dean of Graduate Studies and Adult Learning in Lyle Hall

Revised 10/2016