

DISSERTATION/SCHOLARLY PROJECT EXAMINATION REPORT

Student Name:	Student ID#:
Department:	
Program:	
Title of Dissertation:	
Date of Examination:	
Action taken on Dissertation/Scholarly Project:	
Approved	
Approved with revisions suggested by committee and to b	e checked by chair
Schedule a re-exam after corrections or revisions have be	en made
Not approved (Attach specific reasons in writing)	
Other (Please explain)	
Names of Examining Committee	
Chair of Committee Signature	Date
*Please note this is for notification of approval only. Grade must be	submitted via Banner web grading to appear

Approved form will be routed to the Office of Graduate Studies and Adult Learning.

An original copy should be kept by the Program Coordinator, Advisor, and Student.