## Millersville University

## THESIS EXAMINATION REPORT

Student Name:	Student ID#:	
Department:	# of credits:	s.h.
Program:		
Title of Thesis:		
Date of Examination:		
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	n 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 s officially on transcript.	ubmitted via Banner web g	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.