

Millersville University  
College of Graduate Studies and Adult Learning

**THESIS EXAMINATION REPORT**

_____	_____
Student's Name	MU ID #
_____	_____ s.h.
Department	# 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**