



Name of Student: _____

Student ID #: _____

Major: _____

Date of Exam: _____ Passed: _____ Failed: _____

Satisfied all department requirements? Yes: ___ No: ___

If not satisfied, what is outstanding? _____

Date all requirements were satisfied with corrections: _____

Thesis Title: _____

Is student archiving their thesis with the Graduate College (archiving fees will apply)? _____

Committee:

Committee Chair Signature Print Name Date

Member Signature Print Name Date

Member Signature Print Name Date

Please deliver to Program Coordinator upon completion