

TRUMAN STATE UNIVERSITY

REPORT OF THE EXAMINING COMMITTEE

Comprehensive or Thesis Examination

To the Graduate Council:

We the undersigned, members of a committee appointed to examine

_____ on _____
Full Name of Candidate Date

a candidate for the master's degree, report that we have conducted such an examination and submit the following results:

Examiners	Pass	Fail
Signature: _____ (Chair)	_____	_____
Type name here: _____		
Signature: _____	_____	_____
Type name here: _____		
Signature: _____	_____	_____
Type name here: _____		
Signature: _____	_____	_____
Type name here: _____		
Signature: _____	_____	_____
Type name here: _____		

APPROVED _____
Dean of Graduate Studies Date

This form communicates a student's performance on the comprehensive or thesis examination. If the student fails, the advisor will inform him/her orally and in writing. The advisor will also explain the opportunity to retake part or all of the examination. A copy of this form will be placed in the student's file in the Graduate Office.

____ Graduate Office

____ Department

____ Registrar