



Report of the Master's Examining Committee

(Submit to the Graduate School as soon as possible after the exam, project presentation or thesis defense)

Student Name: _____

Mizzou ID Number: _____ Date examined: _____

Academic program: _____

Degree: _____ Major: _____

Thesis title (if applicable): _____

This candidate has been examined by the committee with the following results:

PASS

FAIL

Signatures of the committee members:

Pass

Fail

Member 1 _____

(Print name) _____

Member 2 _____

(Print name) _____

Member 3 _____

(Print name) _____

Additional members (optional)

Member 4 _____

(Print name) _____

Member 5 _____

(Print name) _____

Committee action approved:

Date: _____

Director of graduate studies' signature

The results of the final examination are recorded:

Date: _____

Graduate dean's signature