

**REPORT OF ORAL OR WRITTEN EXAMINATION FOR MASTER'S DEGREE**

To be completed immediately after the examination and submitted to the Department chairperson for signature & distribution.

Last	First	Master's Major		Minor Area
Student Number	Department	Plan A	Plan B	Emphasis Area
Thesis Title (if applicable)				MA
				MS

**EXAMINATION EVALUATION:**

<u>Signature</u>	<u>Department</u>	<u>Rating</u>	<u>Remarks</u>
		S P C	
		S P C	
		S P C	
		S P C	

Rating Code: S=Superior; P=Pass; C=Conditional (Specify conditions to be met for granting degree)

**EXAMINING COMMITTEE CHAIRMAN:** Give brief summary statement of examination performance, including statement of additional conditions (if any) to be met for granting the degree.

*MSU is an Affirmative Action/Equal Opportunity Institution*

Distribution: Graduate Committee Members  
Department Chairperson

\_\_\_\_\_  
Major Professor Date

\_\_\_\_\_  
Department Chairperson or Date  
Acting Graduate Program Director