



Student Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Candidate for:    \_\_\_ Ph.D.    \_\_\_ M.A.    \_\_\_ M.S.    \_\_\_ M.A.L.S.

Thesis/Dissertation Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Examination: \_\_\_\_\_

Result of Examination:

\_\_\_ Pass

\_\_\_ Pass Upon Rectifying Minor Deficiencies (as defined by the committee)

\_\_\_ Pass Upon Rectifying Major Deficiencies (as defined by the committee)

\_\_\_ Fail

Examining Committee:

Chair: \_\_\_\_\_

Advisor: \_\_\_\_\_

Committee: \_\_\_\_\_

\_\_\_\_\_

Signature of Committee Chair

Date

Once completed please return to the appropriate Graduate School Office:

- Bowman Gray campus: 1<sup>st</sup> floor, Watlington Hall
- Reynolda campus: Room 124, Reynolda Hall