Registrar’s Office  
Report on the Comprehensive Examination  
And Thesis (or Project) Defense of Graduate Students *

To : Registrar  
From : Department of ________________________________  
Student’s Name: ________________________________  
Major : ________________________________

I. Comprehensive Examination:
The above student sat for the Comprehensive examination on ________________________________  
And was evaluated as: ________________________________  
Pass  
Fail

II. Thesis or Project Defense:
(a) The Thesis Committee and the Thesis proposal were approved on: ________________________________  
(Date)

(b) The above student defended his/her thesis/project on ________________________________  
and was evaluated as: ________________________________  
(Date)
Pass  
Fail

(c) Following is the exact title of the Thesis/Project:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

(d) The Examining Committee included the following members:
1. ___________________________________________ (Chairman)
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________
6. ___________________________________________

III. Remarks:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Date: ___________________________  
Signature of Chairman of Committee

* This form must be completed in full and in accordance with University regulations on Graduate Study as they appear in the University Catalogue.