



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: _____ (Date)

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.