

THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
School of Graduate Studies
REPORT OF MASTER'S DEGREE FINAL WRITTEN EXAMINATION

TO: Dean, School of Graduate Studies

We report that we have examined

(name) _____ SID # _____

Department/Program _____ on (date) _____

Thesis

Non-Thesis

This examination was the first second attempt by the student, and resulted in a

Pass

Conditional Pass. We recommend that the following additional requirements be met:

by the specified date: _____

with final approval given by: _____

Requirements for Pass

Satisfied

Not Satisfied

Signature: _____ Date

Fail *If first attempt:* We recommend that the following action be taken by the student before another examination is given:

Signatures:

Committee Chair _____ Date

Department Chair [if different from above] _____ Date

Examining Comm. Member _____ Date

Examining Comm. Member _____ Date

Examining Comm. Member _____ Date

Form to be submitted to the School of Graduate Studies. If the result is a conditional pass, the committee should retain a copy of this form and transmit a signed copy to the School of Graduate Studies after a decision has been made whether the requirements have been met.