

**Student ID:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Program:** \_\_\_\_\_

**Report on Final Presentation**

Semester Graduating:  Fall  Spring  Summer  
Year: \_\_\_\_\_

Final Presentation:  Thesis  Dissertation  Exhibition  
Date Held: \_\_\_\_\_

	Satisfactory	Unsatisfactory
_____ Chair	<input type="radio"/>	<input type="radio"/>
_____ Committee Member	<input type="radio"/>	<input type="radio"/>
_____ Committee Member	<input type="radio"/>	<input type="radio"/>
_____ Committee Member	<input type="radio"/>	<input type="radio"/>
_____ Committee Member	<input type="radio"/>	<input type="radio"/>
_____ Member at Large	<input type="radio"/>	<input type="radio"/>

**School of Graduate Studies**

This form has been received and recorded by the School of Graduate Studies.

School of Graduate Studies

The Candidate has satisfactorily completed the final project and all remaining degree requirements have been met. The School of Graduate Studies authorizes award of the degree. (This section is completed after degree is cleared).

Date Degree Awarded