

Master's Examination Results

Student Name: _____

Date: _____

Note: Comments should include your assessment of the student's ability to work toward the doctorate. Use a separate sheet if needed.

Chair: _____

Pass: _____ Fail: _____

Comments:

Signature: _____

Date: _____

Continue to PhD: **Yes** **No**

Committee Member: _____

Pass: _____ Fail: _____

Comments:

Signature: _____

Date: _____

Continue to PhD: **Yes** **No**

Committee Member: _____

Pass: _____ Fail: _____

Comments:

Signature: _____

Date: _____

Continue to PhD: **Yes** **No**
