



**A Report of the Final Oral Exam for the Master's Degree  
Thesis Defense**

Name: \_\_\_\_\_ UNID: \_\_\_\_\_

Date of Final Exam: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_  
*(Semester / Year)*

Thesis Title: \_\_\_\_\_

Thesis Abstract (can attach separately, if needed):

**Result:**  Pass  Conditional Pass (w/ comments) \_\_\_\_\_  
 Fail

**Supervisory Committee:**

\_\_\_\_\_  
Committee Chair Signature UNID

\_\_\_\_\_  
Committee Member 2 Signature UNID

\_\_\_\_\_  
Committee Member 3 Signature UNID