## **Report of the Master's Examining Committee**

(Submit to the Graduate School as soon as possible after the exam, project presentation or thesis defense)

Student Name:			
Mizzou ID Number:	Date examined:		
Academic program:			
Degree:Major	r:		
Thesis title (if applicable):			
This candidate has been examined by t	he committee with the follow	ing results:	
X PASS			
Signatures of the committee members:	Pass	Fail	
Member 1 Vor & &	<u> </u>		
(Print name)			
Member 2			
(Print name)			
Member 3			
(Print name)			
Additional members (optional)			
Member 4			
(Print name)			
Member 5			
(Print name)			
Committee action approved:			
Director of graduate studies' signature	Date:		
The results of the final examination are recorded:			
	Date:		
Graduate dean's signature			