

KENT STATE UNIVERSITY
REPORT OF FINAL EXAMINATION

AFTER VERIFICATION OF THIS FORM BY THE COLLEGE OR INDEPENDENT SCHOOL, A COPY WILL BE RETURNED TO THE DEPARTMENT.

DATE OF EXAM _____ STUDENT NUMBER _____

1. Name of candidate _____
 Last *First* *Middle*
Address _____
 Number and Street *City* *State* *Zip*

2. Degree for which examination is given _____

3. Department _____
Special area of concentration (if any) _____

4. Exact title of thesis or dissertation _____

5. If master's degree candidate elected an option not requiring a thesis, indicate which one and briefly describe work done in lieu of thesis _____

6. Signature of examining committee:

Name (typed or printed)	Signatures	Pass <i>(use check mark)</i>	Fail
Committee Chair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Outside Discipline Person	_____	_____	_____
Graduate Faculty Representative	_____	_____	_____

FINAL RESULT: Pass Fail *

*Attach comments or specified conditions if student fails.

 Moderator Chair, Director, or Dean
(doctoral examination only—does not vote) 4/95