
Last First MI ID#

TO THE REGISTRAR: The above listed student has passed the oral examination for the

M . S . degree with a major in: _____

Date of Oral Exam _____
Month Day Year

Thesis _____ Project _____ Comprehensive Exam _____

Final Grade _____ Course Number(s) _____

THESIS/PROJECT TITLE: (Please type/write exact title as it appears on the title page.)

SIGNATURES:

Committee Chair Date

Committee Member Date

Committee Member Date

Associate Dean/College of Communication Date

**Grade Report of
Oral Examination
Project, Thesis or
Comprehensive Exam**



BOB SCHIEFFER
COLLEGE of COMMUNICATION

Copies: Registrar
Graduate Office