

Completion of written or oral examination

<b>Instructions:</b> Submit this form to the Dea	an of Graduate Studies after the studer	it has completed ar	n examination.
Section A: To be completed by the Comm	iittee Chair.		
Date:			
Committee Chair Name:			
Master's Examination: ORAL	WRITTEN		
Student Name:	Student ID:		
This is to certify that the above stude	nt has		
Passed	Failed		
the examination for the MASTER of degree in on this date.			this date.
Section B: Approving signatures. Membe	ers of examination committee.		
Printed Name of Chair	Signature of Chair	Date	_
Printed Name of Committee Member	Signature of Committee Member	Date	_
Printed Name of Committee Member	Signature of Committee Member	Date	_
Printed Name of Graduate Faculty Rep	Signature of Graduate Faculty Rep	Date	
Submit defense form to: Graduate Studies			
MB 1208			
4901 East U 79762	niversity Odessa, TX		
Phone: 432-			
Fax: 432-55			
Email: grads	studies@utpb.edu		