

# MASTER OF ARTS ORAL EXAMINATION

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

List of Committee Members Present at the Exam

_____	_____
_____	_____
_____	_____

Oral Examination Grade: \_\_\_\_\_

Thesis Grade: \_\_\_\_\_

Advanced Research Grade: \_\_\_\_\_

Voted to recommend the candidate for the degree of Master of Arts in \_\_\_\_\_

This student successfully completed his or her program of study:

Circle one:      Yes              No

\_\_\_\_\_  
Chair of Examination

**This form must be submitted to the Office of Graduate Student Services at the Exit Interview**