

To: Registrar's Office

From : Thesis Committee- Advisor

Name of student:	ID:
Title:	
Thesis Defense:	
The above student has done the thesis defense on	
and was evaluated as:	Date
and was evaluated as.	
	Pass
	Fail
□ Condition	nal Pass
Thesis Committee:	
Chair	Date
Committee Member	Date
Committee Member	Date
Committee Member	Date
Committee Member	Date
Department Chair	Date
cc. Copy to student	
Copy to advisor	

This is to certify that the candidate has fulfilled the requirements and has completed the
recommended amendments by the Thesis Committee.
Advisor:
Date:
Signature of the Dean of Faculty

<sup>\*</sup> This form must be sent to the Registrar's office to have a Pass for the thesis on the transcript.