

**REPORT OF RESULTS OF ORAL THESIS EXAMINATION
FOR MASTER OF SCIENCE DEGREE**

This is to certify that _____
Student Name Student ID#

Passed / Failed the oral thesis examination. (Circle one) Taken on _____
Date (mm/dd/yyyy)

For the Master of Science Degree in _____
Degree Program and Recognized Emphasis Area if Applicable

Thesis title: _____

Examination Committee Comments:

Evaluation*

Signatures of Examining Committee Members

Committee Chair

Member

Member

Additional Member

*Superior, Good, Fair, Inferior (failed)

As soon as the examination is complete, the chair of the Examining Committee is to *mail, hand deliver, or scan and email* the original version of this form to the Office of Registration and Records (room 115 of the Administrative Center, registrar@umkc.edu). Copies of the results must also be distributed to the Department Chair and the Associate Dean of the College of Arts and Sciences.