



Master's Degree Record of Program, Thesis and Oral Examination

College of Agriculture and Natural Resources

General Information:

Name: _____ Department: _____
 PID: _____ Major: _____
 E-mail: _____ Degree: Plan A Plan B Other: _____

Important Dates:

Term and Year of First Course Counted towards this Degree: _____
 Date of Oral Exam (Defense): _____
 Date Thesis Submitted to Graduate School: _____

Thesis or Project Title:

Signatures of Committee Members:

Name	Signature	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Overall: Pass Fail Delay

Approved:

 Major Professor Date

 Graduate Program Coordinator / Department Chair Date

 Associate Dean: Kelly Millenbah Date