



The Graduate School
University of Colorado Colorado Springs

Graduate Exam Report

Student Name _____ SID _____
 Last First MI

Date of Examination _____ PhD Dissertation MS Thesis

Title _____

Degree Program _____

Committee Members	Signatures	
Name <i>(please print)</i> & Department	Satisfactory	Unsatisfactory
_____ Chair		

Departmental Approval of Committee _____ Date _____

Examination was: Satisfactory or Unsatisfactory

If applicable, documentation from the appropriate institutional committee approving the use of human subjects, animals, and/or biohazards MUST be included.