University of Colorado
Colorado Springs

The Graduate School
University of Colorado Colorado Springs

Master Defense (Exam Report)

Student Name _____ SID_____
Last First MI

Date of Examination _____ Thesis or Non-Thesis (Project/Report/Capstone)
(Circle One)

Title _____

_____

Degree Program _____

Committee Members	*Signatures*	
Name *(please print)* & Department	Satisfactory	Unsatisfactory
_____ Chair		
_____		
_____		

Departmental Approval of Committee _____ Date _____

Examination was: Satisfactory or Unsatisfactory
(Circle One)

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

(updated: 3/24/15)