

Report on Final Thesis Presentation

Date: _____

Student's Name: _____ Student ID#: _____

Email address: _____ Phone #: _____

Decision of Committee:

<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL: Student has not satisfactorily completed the thesis assignment
<input type="checkbox"/> CONDITIONAL PASS (indicate requirements for passing below). When conditions have been met, a new Report on Exam form should be filed which indicates "pass."	

Approval Signatures of Examining Committee:

Chair:	
Master of Arts in Psychology Program Coordinator:	

Return Original to the Psychology Department.