



The Graduate School
 (406)994-4145 www.montana.edu/gradschool

Report on Comprehensive exam/Thesis Defense

****Masters Students Only****

Student ID _____

This report certifies that on:

_____ Date _____ Last name _____ First name _____ Middle name _____

completed the following:

- Comprehensive Exam Passed Failed
- Defense of Thesis Passed Failed

as prescribed and required for the degree of: _____

The Graduate School recommends that all comments regarding the exam be **made in writing** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

Examining Committee Signatures

Approvals:

How did you attend?

<i>Print Name</i>	<i>Signature</i>	In Person	Video	Tele- conference
Chair _____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dissenters :

Department Head _____ Date _____ The Graduate School _____ Date _____



The Graduate School
 (406)994-4145 www.montana.edu/gradschool
Report on Comprehensive Exams/Dissertation Defense

****Doctoral Students Only****

Student ID _____

This report certifies that on: _____
 Date Last name First name Middle name

Completed the following event:

- Written Comprehensive Passed Failed
- Oral Comprehensive Passed Failed
- Defense of Dissertation Passed Failed

as prescribed and required for the degree of: _____

The Graduate School recommends that all comments regarding the exam be **made in writing** to the student. This document is meant solely to inform The Graduate School of the pass or fail on the event noted. This form is not to be submitted by the student.

Examining Committee Signatures

Approvals:

How did you attend?

Print Name	Signature	In Person	Video	Tele-conference
Chair _____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dissenters (if any):

 Department Head Date Graduate Representative Date

 The Graduate School Date

Note: The Graduate Representative must file a separate report to The Graduate School within one (1) week of the exam or defense.