



GRADUATE SCHOOL
1005 Campus Delivery
Fort Collins, Colorado 80523-1005

Report of Final Examination Results

Student's Name _____ CSU I.D. Number _____

Degree Sought _____ Department _____ Program Code _____

Date on which examination occurred: _____
For multi-part examinations, this date refers to the final part only.
Date on which examination was graded (if different than the date above): _____

It is the student's responsibility to submit this form to the Graduate School Office within TWO WORKING DAYS after the results of the examination are known.

Results of the examination: _____ PASS _____ FAIL

For all Ph.D. and Plan A & B Master's Degrees
(Plan B common departmental final examination signature in section below)
Committee members voting to PASS (Please print name next to signatures)
Committee members voting to FAIL (Please print name next to signatures)

This section is for the Plan B Common Departmental Final Examinations ONLY
For Plan B Master's degrees where a common departmental final examination is given:
Departmental Examining Committee Chair signs here: _____

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand: _____