Access this form and other Graduate School Forms though the RAMweb portal (or click here)

SAMPLE FORM BELOW

GS FORM 24
Rev 07/19

COLORADO STATE UNIVERSITY
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 ________________

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

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

________________________________________________________________________________________

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)

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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:  ____________________________________________

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): ___________________________

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