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Report of Department Examination - GS Form 14

CSU ID

00000000

Sign using your initials and complete the form by scrolling to the bottom, click on the 'Submit Form' button.

Program Coordinator Last Name

Date

March 12, 2021

Program Coordinator Section

If you select 'No', the form will not proceed to the advisor for further review

Date

Program Coordinator First Name

Approved by Program Coordinator?

YesNo

Initials

Upon request, the Graduate School will file the results of departmental examinations in the University records. This service is provided to those departments who wish to establish a more complete and more formal indication of the student completion of degree requirements. In addition to holding the GS Form 14 information, the Graduate School will, at the departmental request, indicate the completion of the requirement on the Application for Graduation, GS Form 25.

• Please pick your program code in the dropdown below. Please be patient as the page loads and contact the Graduate School if you are experiencing technical or data issues

Program Code

Program Coordinator Email

* ENGL-LITZ-MA

- Review the form information. Please click 'Submit Form' at the bottom of the form to complete your submission.
- Once you submit the form, your form will be sent to your department and the Graduate School for review and approvals.

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|---|---|--|------|
| First Name | Last Name | Email | |
| Cam | Ram | c@colostate.edu | |
| Degree | Department | Department Number | |
| MA | English | 1773 | |
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| * For Students: Sign using | your initials and complete the | form by scrolling to the bottom, click on 'Submit Form'. | |
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| The sections below are for routing Thank you. | purposes. The form will go to your depart | tment and the Graduate School for signatures. Please contact the Graduate School with question | ons. |
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| Advisor First Name | Advisor Last Name | Advisor Email |
|---|--|---------------------------------------|
| Jane | Ram | c@colostate.edu |
| Result of Examination | | |
| • Pass | | |
| ○ Fail | | |
| If checked, the examination be ta | ken again by student: 🔽 | |
| Advisor Comments NOTE: Comments will be visib | le to the student and all form participants. | |
| Student passed exam, good job. | | |
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| Department Head First Name | Department Head Last Name Ram | Department Head Email c@colostate.edu |
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Advisor Section

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Initials c@colostate.edu

03/12/2021, 1:58 PM Date