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# SAMPLE FORM BELOW



1005 Campus Delivery, Fort Collins, Colorado 80523-1005 | Telephone: (970) 491-6817 | Fax: (970) 491-2194 Email: gradschool@colostate.edu | Website: http://graduateschool.colostate.edu

# Report of Final Examination Results - GS Form 24

Program Coordinator Last Name

Date

Program Coordinator First Name

Initials

Students: Please pick your pro	ogram code in the dropdown below. Please b	be patient as the page loads and contact the Graduate School if you are experiencing technical or data issues.
<ul><li>Review the form informat</li><li>Once you submit the form</li></ul>		nd the Graduate School for review and approvals.
Date	CSU ID	Program Code
May 10, 2021	* 888999000	* HIST-LBAZ-MA
First Name	Last Name	Email
Cam	Ram	cam@colostate.edu
Degree Sought	Department	
MA	History	
		ogram of Study. Your electronic form will be routed to these members for review. <b>If you would like to change members</b>
committee, a GS9A Petition for Advisor	or Committee Member Changes Form is requ	lired.
First Last Advisor		
Committee Members		
First Last Committee Member	er	
Outside Members		
First Last Outside Member		
·		re, please check with your department.
Please contact the Graduate S	cow using your initials and complet ichool with questions. Thank you.  05/10/2021, 7:00 AM Date	e the form by scrolling to the bottom, click on 'Submit Form'.
Program Coordina	tor Section	
Sign your initials and complet	te the form by scrolling to the bottom, click o	necessary. If the student is taking a common department exam, please have the student fill out a GS24C form instead. In the 'Submit Form' button.
Program Coordinator Decision If you select 'No', the form will I	enot proceed to the committee and the student	will need to submit a new form.
Program Coordinator Commen  NOTE: Comments will be visib	ts ble to the student and all form participants.	

Program Coordinator Email

## Advisor Section

email@colostate.edu

Pass	Advisor		934393130
rass	Last, First (Advisor) First Last email@colostate.edu	as	05/10/2021, 4:31 PM
		Initials	Date
xam Result			
Pass	<b>v</b>		
Date on which examination was gra	aded (if different than that date above)		
Advisor Comments			
NOTE: Comments will be visible to	o the student and all form participants.		
email@colostate.edu			
Committee Section			
onniningee Section			
ndicate your decision of 'Pass' or '	Fail' next to your name. <u>Sign using your initials and complete the form by sc</u>	rolling to the bottom, click on the 'Submit Form'	button.
Co-Advisor Decision Please Select	Co-Advisor		
Flease Select	·	Initials	Data
		Initials	Date
Committee Member Decision	Committee Member		334303134
Pass	Last, First (Committee Member) First Last email@colostate.edu	mc	05/10/2021, 3:13 PM
		Initials	Date
Committee Member Decision Please Select	Committee Member	*	
		Initials	Date
Committee Mamber Decision	Committee Mambay	illitials	Date
Committee Member Decision  * Please Select	Committee Member		
		Initials	Date
Committee Member Decision	Committee Member		
Please Select	✓ III		
		Initials	Date
Committee Member Decision	Committee Member		
Please Select	<u> </u>		
		Initials	Date
Committee Member Decision	Committee Member		
Please Select	<b>▽</b>		
		Initials	Date
Committee Member Decision	Committee Member	*	
Please Select	<u> </u>		
		Initials	Date
Outside Member Decision	Outside Member		234323731
Pass	Last, First (Outside Member) First Last email@colostate.edu	DM	05/10/2021, 4:27 PM
		Initials	Date