



## M.A. Oral Comprehensive Examination & Thesis Defense

The purpose of this form is for the committee to indicate whether or not the student passed

Candidate:

Last 4 of SSN:

Date:

### (ACTION SIGNATURES)

	P	NP
Committee Chair: _____	<input type="radio"/>	<input type="radio"/>
Committee Member: _____	<input type="radio"/>	<input type="radio"/>
Committee Member: _____	<input type="radio"/>	<input type="radio"/>

\_\_\_\_\_  
Experimental Psychology Program Director

\_\_\_\_\_  
Department Chairman