



OLD DOMINION UNIVERSITY

The Graduate School

Result of Master's Examination or Requirement M2

An updated copy of this form must be submitted immediately following completion of EACH examination/requirement.

Student's Name: _____ UIN#: _____

College: _____ Degree and Program: _____

This is to certify that the student above took the examination(s) checked below:

(Signatures of appropriate chair or examiner or committee members required for all examinations.)

	Pass/Fail	Chair Examiner (Print)	Signature	Date
Written Comprehensive Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Oral Comprehensive Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Thesis Prospectus	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Thesis Defense Examination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Research Skills Examination (Specify Skill)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Foreign Language Skill Examination (Specify Skill)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____
Other _____ (Specify Requirement)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	_____	_____	_____

Remarks:

Working Thesis Title:

Committee Members' Signatures:

Graduate Program Director:

Name _____ Signature _____ Date _____

Please send electronically to the Office of the University Registrar at etd@odu.edu.

- Copies: Graduate Program Director
- Committee Chair
- VISA (intlstu@odu.edu) for F-1 and J-1 Visa Holders ONLY
- Student

Master's Form: M2
(Rev. 08/2019)