



Office of Graduate Studies  
 212 Koch Hall  
 Norfolk, VA 23529  
 Phone: 757-683-4885  
 Fax: 757-683-3004

Result of Master's  
 Examination or Requirement  
 M2

**A separate form shall be submitted immediately following completion of EACH examination/requirement.**

This is to certify that on \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Student's Name) (UIN)

who is enrolled in the \_\_\_\_\_ program,  
 (title of degree program)

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	_____	_____	_____	_____
Oral Comprehensive Examination	_____	_____	_____	_____
Thesis Prospectus	_____	_____	_____	_____
Oral Thesis Defense Examination	_____	_____	_____	_____
Research Skills Examination (Specify Skill)	_____	_____	_____	_____
Foreign Language Skill Examination (Specify Skill)	_____	_____	_____	_____

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Working Thesis Title:  
 \_\_\_\_\_  
 \_\_\_\_\_

Committee \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Graduate Program Director Date

Original: Registrar  
 Copy: Student  
 Committee Chair  
 Graduate Program Director