

SOUTHERN METHODIST UNIVERSITY

Office of Research and Graduate Studies Oral Examination Report for Master's Thesis Candidates

(Please type or print)

Candidate's Name

Department

Thesis Title

Committee Members (check appropriate box or boxes)

Type or Print	Sign	Oral Committee	thesis Committee
<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>

Pass or Failure on Oral Examination

Remarks

Thesis Adviser

Date

Please return to the Office of Research and Graduate Studies, Box 750240, 336 Dallas Hall.