

Millersville University
College of Graduate Studies and Adult Learning

DISSERTATION/SCHOLARLY PROJECT EXAMINATION REPORT

Student's Name MU ID #

Academic Department

Date of Examination _____ Program _____

Title of
Dissertation _____

Action taken on Dissertation/Scholarly Project:

- _____ Approved
- _____ Approved with revisions suggested by committee and to be checked by chair
- _____ Schedule a re-exam after corrections or revisions have been made
- _____ Not Approved (Specific reasons in writing should be attached)
- _____ Other (Please explain)

Names of Examining Committee:

Chair of Committee signature date

*** Please note this is for notification of approval only, grade must be submitted via Banner web grading to appear officially on transcript.**

Submit completed form directly to the Dean of the College of Graduate Studies and Adult Learning in Lyle Hall, Room 235.