Millersville University

Office of Graduate Studies & Adult Learning
717-871-7171
https://www.millersville.edu/gsal

THESIS EXAMINATION REPORT

Student Name: _____ Student ID#: _____

Department: _____ # of credits: _____ s.h.

Program: _____

Title of Thesis: _____

_____

Date of Examination: _____

Action taken on Thesis:

☐ 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 (Attach specific reasons in writing)

☐ 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.*

Approved form will be routed to the Office of Graduate Studies and Adult Learning.

An original copy should be kept by the Program Coordinator, Advisor, and Student.