

Millersville University
College of Graduate Studies and Adult Learning

THESIS EXAMINATION REPORT

_____ MU ID #
_____ s.h.
Department # of credits

Date of Examination _____ Program _____

Title of Thesis _____

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 (Specific reasons in writing should be attached)
- _____ Other (Please explain)

Names of Examining Committee:

Chair of Committee signature

* 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 Graduate Studies and Adult Learning in Lyle Hall