



## Report of the Dual Master's Examining Committee

*(Submit to the Graduate School as soon as possible after the exam, project presentation or thesis defense)*

Student Name: \_\_\_\_\_

Mizzou ID number: \_\_\_\_\_ Date examined: \_\_\_\_\_

Thesis title (if applicable): \_\_\_\_\_

***This candidate has been examined by the committee with the following results:***

**Pass**       **Fail**

### Signatures of Committee Members

	Pass	Fail
1. _____ <i>Chair</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ <i>Outside member</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____ <i>Additional members (optional)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____ <i>Additional members (optional)</i>	<input type="checkbox"/>	<input type="checkbox"/>

***Committee Action Approved:***

\_\_\_\_\_  
1<sup>st</sup> Director of graduate studies

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Director of graduate studies

\_\_\_\_\_  
Date

***The Results are Recorded:***

\_\_\_\_\_  
Graduate dean's signature

\_\_\_\_\_  
Date