UNIVERSITY OF ROCHESTER ARTS, SCIENCES AND ENGINEERING

EXAMINATION REPORT FORM FOR THE SCHOOL OF ARTS AND SCIENCES		
	1,, oin concept of the	
NAME OF CANDIDATE	UR ID NUMBER	DEPARTMENT/PROGRAM
DEGREE REQUIREMENT FOR THE FOLLOWING DEGREE(S) (Check all that apply)		EXAMINATION: all that apply) :
Ph.D M.A	PLAN A M.S. PLAN B	
	Ph.D. QUALIFIER	:
RESULTS: PASS FAIL EXAM DATE The undersigned, having examined the above candidate, certify that the above information is correct and that all requirements attendant to the final Master's degree and/or admission to Ph.D. candidacy have been fulfilled.		
	Student's Ad	visor/Research Supervisor*
*Only signature required for Plan B Master'Onls(M)W3n B Master		
DISTRIBUTION:	GSO	DEPARTMENT

EXAMINATION REPORT FORMINSTRUCTIONS

1. Check the studentÕs school: Arts & Scient Hajim

2. <u>Degree Requirement</u>

- a. For a PhD Qualifier Exam, checkPh.D. on the left andPh.D. Qualifier on the right.
- b. For aMasterÕs Plan A Thesisæm, check either M.A. or M.S. on the left and MasterÕsinal: Plan A on the right.
- c. For aMasterÕs Plan B Fam, check either M.A. or M.S. on the left and check the type of examination: OraWritten or Essay
- d. For both a PhD Qualifier Exam and a Master Os Plan B Fam, check
 - i. Ph.D.andeither M.A. or M.S. on the left
 - ii. Ph.D. Qualifier on the right
 - iii. Plan B either Oral or Writteor Essayon the right