

THE GRADUATE DIVISION

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Southern Methodist University

Report on Thesis or Dissertation and/or Final Examination

To the Director of the Graduate Division:

(Mr.) (Mrs.) (Ms) _____ has submitted in partial fulfillment of the requirements for the degree of _____

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Supervisory Committee, as appropriate, and has ~~approved~~ rejected (delete one). The Committee has examined the candidate on _____ (Date) in accordance with the regulations governing the Final Examination and has adjusted his performance as ~~satisfactory~~ unsatisfactory (delete one). Exceptions or qualifications are noted as follows: _____

Signatures of faculty and thesis advisers or members of supervisory committee.

Names of faculty representatives attending final examination if different than member
RI VXSHUYLV RU \ FRPPLWWHH

Name Field

Chairman

Name Field

Approved: _____
Department Chair

Director of the Graduate Division

DIRECTIONS: Two copies of this form are signed by the faculty adviser or by all members of the Supervisory Committee and by the Director of the Graduate Division, and one copy thus signed is retained by the Director of the Graduate Division.

* No fewer than five faculty members shall be present for the final doctoral examination or three for a
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