

Final Oral Examination Form for
Magna or Summa cum Laude

DATE: _____

TO: Associate Dean, College of Engineering

FROM: Department of _____

The Supervisory Committee has examined _____
Student's Name

UFID _____, on _____, in accordance with the
Date

regulations governing the _____ cum Laude Oral Examination, and has

adjudged his/her performance as: ___ Satisfactory ___ Unsatisfactory.

The thesis has been examined by all members of the candidate's Supervisory Committee and has been
___ Approved ___ Rejected.

Exceptions or qualifications are noted as follows: _____

SIGNATURES & FIELDS OF MEMBERS OF SUPERVISORY COMMITTEE:

Chair's signature - required

Field

Second Member's signature - required

Field

External Member's signature - required

Field

RECOMMENDED BY:

APPROVED BY:

Department Chair's Signature

Date

Associate Dean's Signature

Date