



Graduate Enrolled Student Office, 438 Cabell Hall
 P.O. Box 400773
 University of Virginia
 Charlottesville, VA 22904-4773
 phone: 434-924-6741
 fax: 434-924-6737
<http://artsandsciences.virginia.edu/grad/>

Final Examination Form

This form is to be completed by a student's department, specifically by a student's major advisory professor, to indicate whether that student has passed or failed final defense of their thesis/dissertation. In cases where a final defense is not required, this form must be submitted by to departments to indicate the student has completed all requirements for the degree. Students are responsible for making sure this form is submitted to the Enrolled Student Office, 438 Cabell Hall, by the appropriate deadline: **December 1** (December graduation), **May 1** (May graduation), and **August 1** (August graduation.)

TO: Dean, Graduate School of Arts and Sciences

FROM: _____

Department _____

Student Name

University ID #

failed passed the final examination in

_____ on _____ for the _____ degree.

Subject

Date

MA, MS, MAT, MFA, or PhD

This examination is in fulfillment of the requirements for a final examination as described in the Record under the appropriate degree. The Ph.D. examining committee, under the chair of the major advisory professor, **will consist of not fewer than four members from the graduate faculty**, one of whom must be from another department and serves as the representative of the Graduate Faculty. The examining committee for the Master's degree should be conducted **by at least two faculty members designated by the department** in which the candidate is working.

Print Names of Examiners

Department

- | | | |
|----|--|--|
| 1. | Major Advisory Professor | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | Graduate Faculty Representative (Ph.D. only) | |

Title of Thesis/Dissertation (if appropriate) _____

Additional Recommendation of Committee (if appropriate) _____

Major Professor _____
Signature Print Name Date

Dept. Chair or Representative _____
Signature Print Name Date