

Thesis Colloquium Examination for History

DEPARTMENT/PROGRAM: _____ History _____

STUDENT'S NAME: _____ BANNER ID#: _____

This is to certify that we have administered a **thesis colloquium examination** to the student named above for the degree of **Master of Arts** and that the student received a **passing** grade.

EXAM DATE: _____

FIELDS EXAMINED [optional]: _____

COMMENTS:

Date: _____

_____	_____
Chair of Examining Committee (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)
_____	_____
Committee Member (Print Name)	(Signature)

Examination will be noted on transcript.

Distribution: Original only to the Dean of Graduate Studies and Research