

College of William and Mary  
School of Education

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MASTER'S CULMINATING EXPERIENCE VERIFICATION FORM

**To Examining Committee:** Please choose the appropriate culminating experience below, complete the section, sign at the bottom, and return the form to Gwendolyn Pearson, Jones 100.

**Exit Interview**

This is to certify that \_\_\_\_\_ has participated in an exit  
(student)  
interview in \_\_\_\_\_ on \_\_\_\_\_.  
(program area) (date)

**Written Exam**

This is to certify that \_\_\_\_\_ has passed a culminating  
(student)  
comprehensive examination in \_\_\_\_\_ on \_\_\_\_\_.  
(program area) (date)

**Oral Defense**

This is to certify that \_\_\_\_\_ has presented a successful  
(student)  
culminating oral defense in \_\_\_\_\_ on \_\_\_\_\_.  
(program area) (date)

SIGNATURES:

\_\_\_\_\_  
(Advisor/Committee Chair)

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)

\_\_\_\_\_  
(Committee Member)