FLORIDA STATE UNIVERSITY | *The* COLLEGE *of* EDUCATION
Office of Academic Services and Intern Support

SPECIALIST COMPREHENSIVE/THESIS DEFENSE RESULTS

Directions:

- Please print or type
- Complete two originals and make one copy
- Return one original to OASIS
- Return one original to department to be placed in student's advisement file
- Student should retain one copy for their personal records

TYPE OF EXAM:

(CHECK ONE)

☐ Specialist Comprehensive

☐ Specialist Thesis Defense

Exam/Defense for:

_____
Student's Name *(printed)*

_____
FSUID #

_____
Department

_____
Major

_____
Major Professor

Defense Date: ____/____/____

Current Date: ____/____/____

EXAMINATION FORMAT:

☐ Written ☐ Oral (Date __/__/__)

EXAMINATION RESULTS:

☐ Passed ☐ Failed ☐ Conditional

Consenting Members:

_____
printed name *signature*

_____
printed name *signature*

_____
printed name *signature*

_____
printed name *signature*

Dissenting Members:

_____
printed name *signature*

_____
printed name *signature*

Conditions (if any): _____

_____

_____

Recommended graduation date: _____ 20__
semester