

**DEPARTMENT OF ANTHROPOLOGY
Examination/Defense Results**

Date: _____

To: Dean of the Graduate School

From: Graduate Program Director

Student's Name: _____ Student Number: _____

Circle 1:

- a. Masters General Examination
- b. Masters General Examination **and** MA Thesis Defense
- c. PhD Comprehensive Examination
- d. PhD Dissertation Defense

Date this examination took place: _____

Committee Members' Decision:

[Note: For the candidate to pass the PhD Comprehensive Examination or the PhD Dissertation Defense, all members of the committee must grade the candidate with "Pass"]

Names	Signatures	Pass/Fail
_____, chair	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Committee's Recommendation (to be completed by the committee chair): Following upon the results of the examination indicated above, the committee recommends that the student now proceed to...

GPD's Signature of Certification: _____ **Date:** _____