



Examination Report

Student Name

Student Number

Degree/Program

Examination Date

The committee appointed to conduct the examination reports that the examination was held on the above date and the results were:

Examining Committee Name:

Signatures:

Approve

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Overall Exam Outcome (select one):

☐ Pass

☐ Pass with Conditions

Please append the stipulated conditions via e-mail when this form is submitted and include the deadline by which they must be met.

☐ Fail

Please indicate via e-mail whether a retake will be permitted and if so, the deadline by which it must be taken.

FOR GRADUATE EDUCATION USE ONLY

Conditions met:

Graduate Administrator Signature

Date

Note: This sheet is considered a grade sheet and should not be shared or handled by the student.

Please return form with results and signatures to graduate program's director.

Program director: _____ date: _____
[please forward signed form to registrar@ucdenver.edu]