Materials Science and Engineering

Master's Defense Report Form

(See reverse side for instructions and make-up of committee members)

Student Name: _			
UMID#			
Campus ID (uniqna	me)		
Report Title:			
_			
Master's Defense Da	te:		
	<u>Master's Defense C</u>	<u>Committee</u>	
	(Please print names of committee below)	"M witi	y signature below indicates that I concur h the decision indicated below."
Chair (Student's Advisor):			
Other MSE Member:			
Cognate Member	:		
	DECISION OF CO		EE
Master	's Degree	0	Pass
		0	Fail

(CHECK ONE RESPONSE IN THE BOX ABOVE!)

(Please return this completed form to the Graduate Program Coordinator immediately after the Exam.)

Committee make-up:

• The master's defense committee will include at least three members, the research advisor, one other MSE faculty and one cognate member, picked by the advisor in consultation with the student and approved via email by the Master's Committee Chair before your exam.

After exam:

- Committee Chair checks off the decision in the Decision Box.
- Committee members sign next to their printed name.
- Return form to Graduate Coordinator following the exam via email if possible.