



To: Graduate Coordinator of the School of Mathematics

Master of Science in Mathematics – Oral Exam

[Use this form for MS degrees in Mathematics: **Non-thesis option.**]

On date _____, Mr/Ms _____,
graduate student in the School of _____, underwent the oral
examination portion of the MS degree, non-thesis option. The examining committee con-
sisted of

Prof. _____ [Advisor]
Please Print

Prof. _____ [Member]
Please Print

Prof. _____ [Member]
Please Print

Prof. _____ [Member]
Please Print

The examining committee assessed the student’s general knowledge in Mathematics and
specifically in the student’s concentration field of _____.

The examining committee concluded that the above named student

Passed / Failed (circle one)

the oral examination.

Sincerely,

[Advisor’s signature / Date]