To: Graduate Coordinator of the School of Mathematics

Master of Science in Mathematics – Oral Exam

[Use this form for MS degrees in Mathematics: Thesis option.]

On date ________________________, Mr/Ms ________________________, graduate student in the School of ________________________, underwent the oral examination portion of the MS degree, thesis option. The title of the thesis is (print):

____________________________________________________________________________________

The examining committee consisted of

Prof. ________________________ [Advisor]

Prof. ________________________ [Member]

Prof. ________________________ [Member]

Prof. ________________________ [Member]

After presentation of the thesis, the examining committee asked questions related to the thesis, and assessed the student’s general knowledge in the field of Mathematics associated to the thesis.

The examining committee concluded that the above named student

Passed / Failed (circle one)

the oral examination.

Sincerely,

[ Advisor’s signature / Date ]