



Graduate Enrolled Student Office, 438 Cabell Hall
 P.O. Box 400773
 University of Virginia
 Charlottesville, VA 22904-4773
 phone: 434-924-6741
 fax: 434-924-6737
<http://artsandsciences.virginia.edu/grad/>

Final Examination Form

This form is to be completed by a student's department, specifically by a student's major advisory professor, to indicate whether that student has passed or failed final defense of their thesis/dissertation. In cases where a final defense is not required, this form must be submitted by to departments to indicate the student has completed all requirements for the degree. Students are responsible for making sure this form is submitted to the Enrolled Student Office, 438 Cabell Hall, by the appropriate deadline: **December 1** (January graduation), **May 1** (May graduation), and **August 1** (August graduation.)

TO: Dean, Graduate School of Arts and Sciences

FROM: _____ Department _____

_____ Student Name _____ Student ID# _____
 failed passed the final examination in
 _____ Subject _____ on _____ Date _____ for the _____ degree.
 MA, MS, MAT, MFA, or PhD

This examination is in fulfillment of the requirements for a final examination as described in the Record under the appropriate degree. The Ph.D. examining committee, under the chair of the major advisory professor, **will consist of not fewer than four members from the graduate faculty**, one of whom must be from another department and serves as the representative of the Graduate Faculty. The examining committee for the Master's degree should be conducted **by at least two faculty members designated by the department** in which the candidate is working.

	Names of Examiners	Instructor #	Department
1.	Major Advisory Professor _____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	Graduate Faculty Representative (Ph.D. only) _____	_____	_____

Title of Thesis/Dissertation (if appropriate) _____

Additional Recommendation of Committee (if appropriate) _____

Major Professor _____	Signature _____	Instructor # _____	Date _____
Dept. Chair or Representative _____	Signature _____	Instructor # _____	Date _____

** Our request for disclosure of social security account numbers is optional, except where disclosure may be required by federal law such as in the case of financial aid and work-study assistance. This request is made to assist the University in internal tracking of your records and credentials, as well as to provide you with a personal identifying number for use at the University. This request is made in accordance with Section 2.2-3803 of the Virginia Code and general administrative authority over University operations.*