	Department of Community Su <i>Report of Master's I</i>	-	l Examination	
	Name of Student (full name		Semester/Year Pro	ogram Start
	Date of Defense/Examina	ation:		
Title of Thesis (attach		Month, Date, Year	CSUS or STF	PAM?
Examination Result	PASS (oral defense passed; no written edits/ revisions needed)	NO PASS	(defense passed; com edits or revisions to wr full "pass" and thesis si	nittee requires tten thesis before
	s (optional for pass; requirents of the second seco			
			es	
		. on all	Final Advisor after Edits/Re	Approval Signature visions Made
		2	Date:	
Recommendation for	doctoral program:	Strongly Reco	mmend	
	010	Recommend		
		Do Not Recom	mend at this time	
Committee recom	mendation explanation	(optional):		
• • • •	roval Decision by Comi ames, then circulates in listing order; Name		a individually indicate Conc Date	Pass/Pass/No Pass): Pass/No Pass/
				Cond. Pass
Student: Guidance Committee Chairperson:				-
Other Committee Members (list):				
Grad Program Coordinator: <u>Gail A. V</u>	Vander Stoep			_
CSUS Chairperson: <u>Rebecc</u>	a Jordan			_