

## Department of **Community Sustainability**

## Report of Master's Plan B Project Final Examination

	Name of Student (full name)  Date of Defense/Examination:  Month, Date, Year  of Project (attach abstract to this form):		Semester/Year Program Start  CSUS or STPAM?	
Title of Brainet (44)				
Title of Project (attack	abstract to this form):			
Examination Result	PASS (oral defense passed; no written edits/ revisions needed)	NO PASS	CONDITIONAL PASS (defense passed; committee requires written edits/revisions to project before full "pass" and final submission)	
	<b>S</b> (optional for "pass;" required as ns to be met/made before chang			
		161/9/		
	CIGITAL STATES		Final Approval Signature of Advisor after Revisions Made	
	USE		Date:	
	roval Decision by Committee ames, then circulates in listing order; advisor Name		indicates Cond Pass/Pas Date	ss/No Pass): Pass/No Pass/ Cond. Pass
Student:				_
Guidance Committee Chairperson:				
Other Committee Members (list):				
Grad Program Coordinator: Gail A. '	Vander Stoep			
CSUS Chairperson: Rebecc	a lordan			