



Department of
Community Sustainability

Report of Master's Plan A Thesis Final Examination

Name of Student (full name) (do not include PID) _____

Date of Defense/Examination: _____

Month, Date, Year

Title of Thesis (attach abstract to this form): _____

Examination Result

☐

PASS

(defense passed; no
written revisions needed)

☐

NO PASS

☐

CONDITIONAL PASS

(defense passed; committee requires
revisions to written thesis before
full "pass" and thesis submission)

Committee comments (optional for "pass;" required as brief explanation of "no pass" or
description of conditions/revisions to be met/made before changing "conditional pass" to "final pass.")

*Final Approval Signature of
Advisor after Conditions Met*

Date: _____

Recommendation for doctoral program:

☐

Strongly Recommend

☐

Recommend

☐

Do Not Recommend at this time

Committee recommendations explanation (optional): _____

Signatures and Votes of Committee Members

(type names, sign digital or original, date, and individually indicate Pass/No Pass):

	Name	Signature	Date	Pass/No Pass/ Cond. Pass
Student:	_____	_____	_____	
Guidance Committee Chairperson:	_____	_____	_____	
Committee Member 2:	_____	_____	_____	
Committee Member 3:	_____	_____	_____	
Grad Program Coordinator:	Gail A. Vander Stoep	_____	_____	
CSUS Chairperson:	Michael Hamm	_____	_____	
CANR Asso. Dean:	Kelly Millenbah	_____	_____	