



Department of
Community Sustainability

Report of Master's Plan A Thesis Final Examination

Name of Student (full name) _____

Semester/Year Program Start _____

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 (required as brief explanation of "no pass" or description of conditions/
revisions to be met/made before changing "conditional pass" to "final pass"—most common result)

*Final Approval Signature of
Advisor after Revisions Made*

Date: _____

Recommendation for doctoral program:

☐

Strongly Recommend

☐

Recommend

☐

Do Not Recommend at this time

Committee recommendation explanation (optional): _____

Signatures and Assessments of Committee Members

(student fills in all committee names, then circulates in listing order; members sign digitally, date, & individually indicate Cond Pass/Pass/No Pass):

Name	Signature	Date	Pass/No Pass/ Cond. Pass
Student:	_____	_____	_____
Advisor/ Chairperson:	_____	_____	_____
Committee Member 2:	_____	_____	_____
Committee Member 3:	_____	_____	_____
Committee Member 4 (opt):	_____	_____	_____
Grad Program Coordinator: Gail A. Vander Stoep	_____	_____	_____
CSUS Chairperson: Rebecca Jordan	_____	_____	_____
CANR Asso. Dean: Kelly Millenbah	_____	_____	_____