

Department of **Community Sustainability**

Report of Master's Plan B Project Final Examination

	Name	of Student (full name)		Semester/Year Pi	ogram Start
	Date	of Defense/Examinatio	n:	CSUS or ST	<u></u>
Title of Proje	e ct (attach abstrac	t to this form):	Month, Date, Teal	03030/3/	i Aw:
Examination	Result	PASS (oral defense passed; no written edits/ revisions needed)	☐ NO PASS	CONDITION (defense passed; convitten edits/revision full "pass" and final	ommittee requires ns to project before
		ional for "pass;" requi e met/made before ch			
			o GNO KUII		sor Approval Signatur /Revisions Made
			510	Date:	
	ommittee names, the	Committee Member on circulates in listing order; mea		individually indicate Con Date	d Pass/Pass/No Pass): Pass/No Pass/
Student:					Cond. Pass
Guidance Committee Chairperson:					
Committee Member 2:					
Committee Member 3 (opt):					
Grad Program Coordinator:	Gail A. Vander	· Stoep			<u>_</u>
CSUS Chairperson:	Rebecca Jorda	an			_
CANR Asso. Dean:	Kelly Millenbah				_