



Department of
Community Sustainability

Report of Master's Plan B Project Final Examination

Name of Student (full name)

Semester/Year Program Start

Date of Defense/Examination:

Month, Date, Year

CSUS or STPAM?

Title of Project (attach abstract to this form):

Examination Result

☐

PASS

(defense passed; **no**
written revisions needed)

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NO PASS

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CONDITIONAL PASS

(defense passed; committee requires
revisions to written project before
full "pass" and final 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"—most common result)

*Final Approval Signature of
Advisor after Revisions Made*

Date: _____

Signatures and Votes 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:	_____	_____	_____
Guidance Committee Chairperson:	_____	_____	_____
Committee Member 2:	_____	_____	_____
Committee Member 3 (opt):	_____	_____	_____
Grad Program Coordinator: Gail A. Vander Stoep	_____	_____	_____
CSUS Chairperson: Rebecca Jordan	_____	_____	_____
CANR Asso. Dean: Kelly Millenbah	_____	_____	_____