



Graduate College

NON-THESIS MASTER'S DEGREE

**REPORT ON FINAL ORAL EXAMINATION*
NOT TO BE USED FOR THESIS OR DISSERTATION
DEFENSES**

NAME:	NAU ID:
NAU EMAIL:	PRIMARY PHONE:
DEGREE/PROGRAM:	
ADVISOR/FACULTY MENTOR:	

VOTE OF COMMITTEE:
(Two out of three votes are required to pass)

PASSED VOTES

FAILED VOTES

COMMENTS:

MEMBERS OF COMMITTEE
(PRINTED NAME

(SIGNATURE)

, Chair

DATE:

*Original form must be submitted and/or scanned
to: Graduate College
gradgraduation@nau.edu