

THE UNIVERSITY OF UTAH  
**REPORT OF THE FINAL EXAMINATION FOR  
THE MASTER OF SCIENCE (M.S.) DEGREE**

Name of Student \_\_\_\_\_ UID# \_\_\_\_\_

Department \_\_\_\_\_ Date of Examination \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
mo. day year

The student's examination was evaluated by the Supervisory Committee as follows:

Passed  Failed

The student's thesis was evaluated by the Supervisory Committee as follows:

Passed  Failed  Not Required

Supervisory Committee Approvals:

Chair: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(print name)*

Member: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(print name)*

Member: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(print name)*

PLEASE SUBMIT THE COMPLETED SIGNED FORM TO  
THE DEPARTMENT GRADUATE ACADEMIC ADVISOR  
*Please keep a copy for your records*



Department of  
**BIOMEDICAL ENGINEERING**

COLLEGE OF ENGINEERING | THE UNIVERSITY OF UTAH

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