|  |  |
| --- | --- |
| Student Name: |  |
| Exam Date: |  |
| Director: |  |
| Committee Member: |  |

Directions: The committee members should complete the appropriate sections below. Comments are not required.

Director

Pass  Fail

|  |  |
| --- | --- |
| Comments: |  |

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

Pass  Fail

|  |  |
| --- | --- |
| Comments: |  |

Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_