

Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Last First Middle ID#

Date of Oral Exam \_\_\_\_\_  
Month Day Year

The above listed student has satisfactorily completed the oral examination for the:

\_\_\_\_\_ degree

with a major in:

\_\_\_\_\_

# Report of Oral Examination/Thesis Grade Graduate Studies in the Harris College of Nursing and Health Sciences



TEXAS CHRISTIAN UNIVERSITY  
Graduate Studies  
Harris College of Nursing and Health Sciences  
TCU Box 298625  
Fort Worth, Texas 76129

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STUDIES, COLLEGE OF HEALTH AND HUMAN  
SCIENCES

TO THE REGISTRAR: The above listed student has completed the oral examination for the

thesis \_\_\_\_\_, non-thesis \_\_\_\_\_ program.

THESIS TITLE: \_\_\_\_\_  
\_\_\_\_\_

Major Professor signature \_\_\_\_\_ Date \_\_\_\_\_

Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

Course	Grade	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Copies: White - Registrar  
Yellow - Records**