

# SCRIPPS COLLEGE OF COMMUNICATION

## REPORT ON THE ORAL THESIS EXAMINATION

Name \_\_\_\_\_ PID# \_\_\_\_\_

Is seeking the Master's degree in the School of \_\_\_\_\_

Major Code \_\_\_\_\_

<p>_____ Date of Oral Defense</p> <p style="text-align: center;"><b><u>DISPOSITION:</u></b></p> <p>_____ Satisfactory (CR)    _____ Letter Grade    _____ Unsatisfactory</p>
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EXACT title of Thesis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REQUIRED SIGNATURES

\_\_\_\_\_, Thesis Director

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____
Associate Director for Graduate Studies	Date

This report must be signed and filed by the Associate Director for Grad Studies, as soon as the **FINAL** Committee Approval is given the corrected thesis.

_____	Date original sent to Associate Dean, College of Communication, RTVC 483.
_____	Date copy sent to Student Records, Chubb Hall.
_____	Date copy of to the Advisor.
_____	Date copy of to the Student.