

**UNIVERSITY OF FLORIDA COLLEGE OF ENGINEERING
DIVISION OF STUDENT AFFAIRS**

**FINAL ORAL EXAMINATION FORM FOR
_____ CUM LAUDE**

DATE: _____

TO: Associate Dean of the College of Engineering

FROM: Department of _____

The Supervisory Committee has examined _____
Student's Name

UFID _____, on _____, in accordance with the
Date

regulations governing the _____ Cum Laude Oral Examination, and has adjudged
his/her performance as _____, _____.
Satisfactory Unsatisfactory

The thesis has been examined by all members of the candidate's Supervisory Committee and has been
_____, _____.
Approved Rejected

Exceptions or qualifications are noted as follows: _____

**SIGNATURES OF MEMBERS OF
SUPERVISORY COMMITTEE**

**NAMES OF FACULTY REPRESENTATIVES
ATTENDING EXAMINATION**

NAME	FIELD
_____	_____
Chair	_____
_____	_____
_____	_____
_____	_____
External Member	_____

NAME	FIELD
_____	_____
_____	_____
_____	_____

RECOMMENDED BY:

DEPARTMENT CHAIR

APPROVED BY:

ASSOCIATE DEAN OF COLLEGE OF ENGINEERING