

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

NAME FIELD

Chair _____

External Member _____

RECOMMENDED BY:

DEPARTMENT CHAIR

APPROVED BY:

**ASSOCIATE DEAN OF COLLEGE
OF ENGINEERING**