



Report of Culminating Activity

Candidate:

Student Name	Date
Student ID Number Email	
Mailing Address	Daytime Phone
Graduate Program	Anticipated Completion Date
Catalog / Year	

Has completed the Culminating Activity as indicated:

I. Oral Defense	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date
II. Thesis / Dissertations	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date
III. Project	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date
IV. Comprehensive Exam / Eval	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date
V. Portfolio Defense	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date
		Incomplete (If incomplete, please include comments and recommendations)	Date
VI. Other	Satisfactory	Unsatisfactory (If unsatisfactory, please include comments and recommendations)	Date

Comments and Recommendations:

Signatures:

We attest that this student will complete program requirements by anticipated date indicated above

Committee Chairperson _____	ID # _____	Date _____
Committee Member _____	ID # _____	Date _____
Committee Member _____	ID # _____	Date _____
Committee Member _____	ID # _____	Date _____
Committee Member _____	ID # _____	Date _____
Program Coordinator _____	ID # _____	Date _____
Other _____	ID # _____	Date _____