Department of History
Western Michigan University

MASTER’S EXAMINATION RESULTS

Check one:    _____ General Option    _____ Public History Option

Please return this form to the Director of Graduate Studies as soon as possible either after the oral examination has been completed, or after the written examination in those cases in which an oral examination is not required.

Exam date: __________________

Student’s name: ______________________ WIN ______________________

Committee Chair: ______________________ Result: ______ initial ______

Committee Member: ______________________ Result: ______ initial ______

Committee Member: ______________________ Result: ______ initial ______

Committee Member: ______________________ Result: ______ initial ______

Committee Member: ______________________ Result: ______ initial ______

Examination result:    Oral Exam required ______

_____ High Pass

_____ Pass

_____ Low Pass

_____ Fail

Comments: