STEPHEN F. AUSTIN STATE UNIVERSITY
Arthur Temple College of Forestry & Agriculture
Report of Thesis Examination

Name _____

SID _____

Title of Thesis _____
_____
_____

Examination of the above student on the thesis title indicated above was held at _____ o'clock on _____
(date)

In the opinion of members of the examining committee, the student's thesis examination has been completed satisfactorily or unsatisfactorily as indicated in the column in which each member of the committee has signed below.

SATISFACTORILY	UNSATISFACTORILY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

As the Major Professor of the above named student, and as chairman of the examining committee, I certify that the student has _____ satisfactorily _____ unsatisfactorily completed all the requirements with respect to the thesis examination.

Major Professor	Date	Co-Major Professor	Date

Approved by:

Graduate School Rep.	Date		
Associate Dean (ATCOFA)	Date	Dean (ATCOFA)	Date
Dean of the Graduate School			Date