

Academic Support Specialist Review

D.M.A. Report of Final Recital

The original copy of this report should be forwarded to the Graduate School within 14 days after the examination is completed. A negative vote by more than one member of the student's committee will signify failure of the examination. Forms submitted without the "Committee Feedback" section completed will not be processed.

Candidate:		ID#:	
Exam Date:			
Committee Recommo	endation:		
study. When all other re	ee has examined the candidate equirements have been completed the above-designated degree.	's competence and knowledge required in the selected, the committee recommends to the Graduate	cted field of Faculty that
Approve Disapprove	Typed Name	Review Final Copy* Signature and Date	
		* Will not sign approval page	until reviewed
Committee Feedbac discussed at the final e significant changes are	ck This section is required as examination. Describe any inperent of the required, attach a detailed of	an acknowledgment of the revisions (major or rule regarding grammar, format, and content characteription of the changes.	ninor) nges. If

Updated 01/2018

Graduate School Dean Approval