
DATE OF SUBMISSION:

LAMAR UNIVERSITY ID:

CANDIDATE LEGAL NAME:

MAJOR CONCENTRATION:

MAILING ADDRESS:

PHONE NUMBER:

Department PO Box:

Unconditional Pass

Conditional Pass with Minor Revisions

Conditional Pass with Major Revisions

Failure – With Opportunity for Major Revisions and
Second Oral Examination

Failure – Student Dismissal from the Program

Student Signature

DATE _____

Required Signatures:

DATE

1. SUPERVISING PROFESSOR _____

2. EXAMINATION MEMBER _____

3. EXAMINATION MEMBER _____

4. EXAMINATION MEMBER

COLLEGE DEAN

DEAN OF GRADUATE STUDIES

DATE _____

This form should be completed electronically where possible or printed and completed and sent to the individuals above in the order they are listed. Once the final approval is made at the level of graduate studies, a copy of the completed form should be placed into the student records in the Department, College, and College of Graduate Studies.