



**RESULTS OF FINAL EXAMINATIONS FOR THE  
MASTER OF SCIENCE DEGREE**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

EMPL ID # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

The undersigned members of the above-named student's graduate committee hereby certify that the candidate has satisfactorily completed the required final examinations in partial fulfillment of the requirements for the:

*Master of Science in Agribusiness*     *Master of Science in Forestry Sciences*

*Master of Science in Agriculture with a specialization in:*

Agricultural Education     Agricultural Engineering Technology     Animal Science

Crop Science     Dairy Products Technology     Environmental Horticultural Science

Food Science and Nutrition     Irrigation     Plant Protection Science

Recreation, Parks, & Tourism Management     Soil Science

Written Exam<sup>1</sup> (If Required)

Oral Presentation<sup>2</sup> (Required)

Date \_\_\_\_\_

Date \_\_\_\_\_

Committee Chair \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Return this form to the College of Agriculture, Food and Environmental Sciences Associate Dean when complete. (\_\_\_\_\_)

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<sup>1</sup> Note: Written exams are to be kept in the student's file for one year.

<sup>2</sup> Note: The Chancellor's Office requires non-thesis oral presentations be recorded.