

# DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION REPORT OF ORAL OR WRITTEN EXAMINATION FOR MASTERS DEGREE

**NAME: STUDENT NUMBER:**

## Last Name, First

**DEGREE: PLAN**

**A** **B** **MAJOR: Food Science**

## **Human Nutrition**

**THESIS TITLE** (if applicable):

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**DATE ORAL EXAMINATION WAS PASSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# EXAMINATION EVALUATION:

## Signature Department Rating Remarks

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**EXAMINING COMMITTEE CHAIRPERSON:** Give brief summary statement of examination performance, including statement of additional conditions (if any) to be met for granting the degree.

The GAC of the Department of FSHN requests the examining committee to make a brief statement about the candidate’s capabilities and achievement and to indicate whether the candidate should be encouraged to undertake an advanced degree program based on the performance of the student throughout the Masters program without undue emphasis on the quality of the final examination.

Major Professor Date Director of Graduate Studies Date