



Minot State UNIVERSITY

Graduate School

ORAL EXAMINATION

Student's Name: _____

Program of Study: _____

Date of Examination: _____

The Candidate has **Passed** **Failed** **Failed Second Attempted**

Signature, **Chairperson** of Graduate Committee

Signature, Member of Graduate Committee

Signature, Member of Graduate Committee

Signature, Graduate Faculty Member (outside of department/division)

Signature, Department/Division Chairperson