



Master of Science
COASTAL MARINE AND WETLAND STUDIES
Results of the Thesis Defense or
Professional Experience Final Report

Note: Please submit form to the SCMSS Graduate Programs Coordinator immediately after the thesis or professional experience defense.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Thesis or Final Report (circle one) title: \_\_\_\_\_

Date of examination: \_\_\_\_\_

This candidate has been examined by the Graduate Advisory Committee with the following results:

[ ] Pass [ ] Fail

If edits, changes and/or additions need to be made to the thesis or final report, list those requirements here (attach additional pages as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional comments: \_\_\_\_\_

Table with 3 columns: Signatures of Graduate Advisory Committee Members, Pass, Fail. Rows 1-5.

SCMSS Graduate Programs Coordinator Date

Dean, College of Science Date