



COLLEGE of FINE ARTS

Office of the Dean  
TCU Box 298000  
Fort Worth, TX 76129  
817-257-2787

# DMA Oral Exam Grade Report

ID#: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

The above listed student has satisfactorily completed the oral examination for the:

**DMA Degree with a Major in:** \_\_\_\_\_

Date of Defense: \_\_\_\_\_  
Month Day Year

**DMA Document Title:** \_\_\_\_\_

		Dissertation Grades							
_____ Committee Chair/Major Professor	Date	_____ Course # Term Hours Grade				_____ Course # Term Hours Grade			
_____ Committee Member	Date	_____ Course # Term Hours Grade				_____ Course # Term Hours Grade			
_____ Committee Member	Date	_____ Course # Term Hours Grade				_____ Course # Term Hours Grade			
_____ Committee Member	Date	_____ Course # Term Hours Grade				_____ Course # Term Hours Grade			
_____ Director, School of Music	Date	_____ Course # Term Hours Grade				_____ Course # Term Hours Grade			

**TO THE REGISTRAR: The above listed student has successfully defended their DMA Project for the DMA program. All signatures must be obtained before this form becomes valid.**

Notes: