



COLLEGE *of*
FINE ARTS

School of Music

Report of Master's Oral Examination

Student's Last Name

First Name

Middle Initial

TCU ID #

Degree and Major

Date of Oral Exam

Pass: Yes

No

Notes/Additional Information:

Signature, Committee Chair

Date

Signature, Committee Member

Date

Signature, Committee Member

Date

Signature, Coordinator of Graduate Studies, Music

Date

This form must be completed and signed electronically. Please submit this form to the Coordinator of Graduate Studies in the School of Music no later than the last day of classes in a fall/spring semester.