Report of Master's Oral Examination

School of Music-College of Fine Arts
Graduate Studies,TCU Box 297550
Fort Worth, Texas 76129
(817) 257-7603

_____
Last First Middle

TCU ID#: _____

TO THE REGISTRAR: The above listed student has taken the oral examination for a

_____ degree with a major in: _____

Date of Oral Exam: _____ Pass: yes ____ no ____

Signatures:

_____
Committee Chair Date

_____
Committee Member Date

_____
Committee Member Date

* * * * *

_____
Associate Dean/College of Fine Arts Date

cc: Registrar
Graduate Office
School of Music
Student

Instructions: *The Committee Chair will bring this form to the Oral Exam and return it completed and signed to the CFA Graduate office.*