



MM ORAL EXAM SIGN-OFF FORM

The faculty members whose signatures appear below hereby verify that

\_\_\_\_\_ passed  
(has / has not)

the oral examination for the degree Master of Music in \_\_\_\_\_

administered on \_\_\_\_\_

Faculty Chair: \_\_\_\_\_

Faculty member 1: \_\_\_\_\_

Faculty member 2: \_\_\_\_\_

Principal subject of examination:

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

Please comment on the specific strengths and weaknesses of this oral exam:

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

If the student has passed the oral exam, please return the signed form to your department assistant who will forward the information to the Registrar's Office for posting on the student's transcript.

**\*\*\*If the student has a PARTIAL FAIL or FAIL, the committee should address the questions on the back of this form and the chair should return it to the Graduate Studies Office.**

