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.
If the student has NOT passed the oral exam:

1) Please identify the specific areas of weakness from this exam:

2) Normally, a student is asked to address specific topics (determined by the committee) during their re-take of the oral exam. A full re-take of the exam is only required if there are systemic weaknesses. Does the committee believe the student needs to re-take the entire oral exam? If not, what topic(s) should the student focus on for the re-take?

3) Normally, re-takes of oral exams take place during the following semester. If the committee would like to recommend a different time period for the re-take, please state the recommendation and reasons for it below.

_________________________________________
Signature of faculty chair, on behalf of the entire committee