



**REPORT OF FINAL MASTER'S CULMINATING EXPERIENCE**  
**ARIZONA STATE UNIVERSITY**  
**GRADUATE COLLEGE**

**Instructions.**

1. Part I. The student completes Part I and submits the Report to the Academic Unit following all academic unit deadlines and procedures. The student's Program of Study must be approved by the Graduate College before the examinations are scheduled.
  2. Part II. The committee members complete Part II and indicate their votes of Passed or Failed.
  3. Part III. The head of the academic unit completes Part III noting the final result. The final result is based on the majority vote of the committee members.
  4. Notification. The academic unit sends the student a written statement.
  5. Submission. The completed Report should be submitted immediately to the Graduate College, mail code 1003.
- All results, including failures, must be reported. Failure of examination or applied project is considered final unless the student petitions for a re-examination, the supervisory committee and the head of the academic unit recommend approval, and the Graduate College Dean approves a retake.

**PART I. Student Information.**

NAME OF STUDENT (Last name, first name, middle initial)	ASU I.D. NO.
MASTER OF	MAJOR

**Part II. Culminating Experience Date(s) and Result (must match approved Program of Study).**

EXAM I <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN	DATE
EXAM II (if applicable) <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN	DATE
<input type="checkbox"/> APPLIED PROJECT	APPLIED PROJECT COMPLETION DATE
<input type="checkbox"/> CAPSTONE COURSE	
COURSE PREFIX / NO.	SEMESTER /YEAR ENROLLED
	FINAL GRADE (or mark "pass" boxes below)

PLEASE TYPE NAMES OF COMMITTEE	SIGNATURES	PASSED (✓)	FAILED (✓)
CHAIR OR CO-CHAIR		<input type="checkbox"/>	<input type="checkbox"/>
CO-CHAIR		<input type="checkbox"/>	<input type="checkbox"/>
MEMBER		<input type="checkbox"/>	<input type="checkbox"/>
MEMBER		<input type="checkbox"/>	<input type="checkbox"/>
MEMBER		<input type="checkbox"/>	<input type="checkbox"/>
MEMBER		<input type="checkbox"/>	<input type="checkbox"/>
MEMBER		<input type="checkbox"/>	<input type="checkbox"/>

**Part III. Final Result.**

PASSED <input type="checkbox"/>	FAILED <input type="checkbox"/>	SIGNATURE, HEAD OF ACADEMIC UNIT	DATE
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