

University of Missouri-Kansas City  
School of Graduate Studies

**REPORT OF RESULTS OF EXAMINATION FOR MASTER'S STUDENTS**

- Qualifying Examination
- Final Examination
- Final (Thesis) Examination

This is to certify that \_\_\_\_\_ on \_\_\_\_\_  
(name of student) (date)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- passed
  - failed
- the above checked Examination for the

**Master of Science in Cellular and Molecular Biology**

(Degree Program / Emphasis Area)

Comments:

**Evaluation \***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures (Examining Committee)**

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Member)

\_\_\_\_\_ (Chair)

**If Final Thesis Examination, furnish title of dissertation below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copy: Department Chair  
Divisional Graduate Officer  
Divisional Student Services Office  
Dean of Graduate Studies

**\* Superior, good, fair, inferior (failed)**

The Chair of the Examining Committee is to mail the original copy of this report to the School of Graduate Studies as soon as the examination has been completed. The Chair is also responsible for providing copies to the persons/offices listed above.