

M.A. Media Studies
Oral Examination for the Master of Arts Degree

Student Name: _____ Student Number: _____

Date of Oral Exam: _____ Date Student Started Program: _____

Thesis Title: _____

Student's Committee

Names:

Signatures:

_____, Chair

_____, Thesis Supervisor
(If not Chair)

Committee Decision

_____ Passed (unanimous decision)

_____ Failed (unanimous decision)

_____ Passed (divided decision)

_____ Failed (divided decision)

Recommendation in case of failure on this examination:

Comments: