University of Colorado **Denver**

Examination Report

Student Name

Student Number

Degree/Program

Examination Date

The committee appointed to conduct the examination reports that the examination was held on the above date and the results were:

Examining Committee Name:	**Signatures**:	**Approve**
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Overall Exam Outcome (select one):

- Pass
- Pass with Conditions
  Please append the stipulated conditions via e-mail when this form is submitted and include the deadline by which they must be met.
- Fail
  Please indicate via e-mail whether a retake will be permitted and if so, the deadline by which it must be taken.

FOR GRADUATE EDUCATION USE ONLY

Conditions met:

_____
Graduate Administrator Signature

_____
Date

Note: This sheet is considered a grade sheet and should not be shared or handled by the student.

Please return form with results and signatures to graduate program's director.

Program director: _____ date: _____
[please forward signed form to registrar@ucdenver.edu]