

**Record of Final Certifying Examination  
for  
Master's Degree Candidates**

Michigan State University  
College of Education

Department:  Program:  Code:

Name:  PID:

Student's Advisor:

**Result of *Written* Final Certifying Examination:**

<i>Field</i>	<i>Examiner(s)</i>	<i>Examination Date</i> MM-DD-YY	<i>Passed/Failed</i>
<input type="text"/>	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
	2. <input type="text"/>		
	3. <input type="text"/>		

**Result of *Oral* Final Certifying Examination:**

<i>Field</i>	<i>Examiner(s)</i>	<i>Examination Date</i> MM-DD-YY	<i>Passed/Failed</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Required signatures:**

Chairperson of Examination Committee: \_\_\_\_\_ Date: \_\_\_\_\_  
Name:

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean: Kristine Bowman \_\_\_\_\_ Date: \_\_\_\_\_