

Final Oral Examination Form  
for cum Laude

DATE: \_\_\_\_\_

TO: Associate Dean, College of Engineering

FROM: Department of \_\_\_\_\_

The Supervisory Committee has examined \_\_\_\_\_  
Student's Name

UFID \_\_\_\_\_, on \_\_\_\_\_, in accordance with the  
Date

regulations governing the \_\_\_\_\_ cum Laude Oral Examination, and has

adjudged his/her performance as: \_\_\_ Satisfactory \_\_\_ Unsatisfactory.

The thesis has been examined by all members of the candidate's Supervisory Committee and has been  
\_\_\_ Approved \_\_\_ Rejected.

Exceptions or qualifications are noted as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES & FIELDS OF STUDY for HONORS SUPERVISORY COMMITTEE MEMBERS:**

\_\_\_\_\_  
*Honor Committee Chair's signature - required*

\_\_\_\_\_  
*Field*

\_\_\_\_\_  
*Second Member's signature - required*

\_\_\_\_\_  
*Field*

\_\_\_\_\_  
*External Member's signature - required*

\_\_\_\_\_  
*Field*

**RECOMMENDED BY:**

**APPROVED BY:**

\_\_\_\_\_  
*Department Chair's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Associate Dean's Signature*

\_\_\_\_\_  
*Date*