



College of Graduate Studies

Virginia State University

## GRADE REPORT FOR MASTER'S THESIS

*\* This form must be typed.*

The Student

\_\_\_\_\_  
Name (Last, First, Mi)

\_\_\_\_\_  
V Number

defended the thesis

\_\_\_\_\_  
(Course Number)

required by

the program in

\_\_\_\_\_  
before a faculty

committee during

\_\_\_\_\_  
(Semester)

\_\_\_\_\_  
(Year)

The grade

for the thesis that should be placed on the academic record is

\_\_\_\_\_  
(Grade)

Instructor:

\_\_\_\_\_  
Signature

Signatures of Committee Members:

\_\_\_\_\_  
Date of Defense

\_\_\_\_\_  
Signature of Department Chair:

\_\_\_\_\_