



**EE MS Plan B – Final Examination Form**

**Part I. To be completed by the student**

Name \_\_\_\_\_ UH ID No. \_\_\_\_\_  
LAST, FIRST, M.I.

Date of Final Examination \_\_\_\_\_  
MM/DD/YY

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**Part II. To be completed by the supervising faculty**

**Final Examination Results:**

The content and the form of the oral presentation :  Approved  Not Approved

The content and the form of the written report :  Approved  Not Approved

Name (Print or Type)	Signature	Passed	Failed
Supervising Faculty			

**Part III. To be completed by the graduate chair**

Approved  Not Approved

Signature of Graduate Chair \_\_\_\_\_ Date \_\_\_\_\_