

**Report on Master's Plan A Thesis Final Examination**

Department of Community Sustainability  
College of Agriculture and Natural Resources  
Michigan State University

Candidate Name and PID: \_\_\_\_\_

DATE OF EXAMINATION/DEFENSE \_\_\_\_\_

Thesis Title: (Attach abstract to this form) \_\_\_\_\_

EXAMINATION RESULTS

- Pass
- No Pass

COMMITTEE RECOMMENDATIONS:

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

Recommendations for a doctoral program:

- Strongly Recommend
- Recommend
- Do Not Recommend

Committee Comments: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURES and VOTES OF COMMITTEE MEMBERS

Major Advisor \_\_\_\_\_  
Print Signature Date P/NP

Committee Member \_\_\_\_\_  
Print Signature Date P/NP

Committee Member \_\_\_\_\_  
Print Signature Date P/NP

Committee Member \_\_\_\_\_  
Print Signature Date P/NP

Department Chair \_\_\_\_\_  
Print Signature Date

CANR Assoc Dean \_\_\_\_\_  
Print Signature Date