



Cornell University

Graduate Field in City and Regional Planning
106 Sibley Hall
Ithaca, New York 14853

RESULTS OF EXAM FORM (MRP STUDENTS ONLY)

FORM M3

INSTRUCTIONS

- * This form **must** be signed by all members of the student' Special Committee, and the field' Director of Graduate Studies (DGS) and Graduate Field Assistant (GFA).
- * Submit the completed form **to the Graduate Field Administrator, Tina Nelson, 106 Sibley Hall, within three business days of the exam.**
- * For detailed policy information, refer to the Code of Legislation, available online at http://www.gradschool.cornell.edu/sites/default/files/field_file/codeoflegislation%282%29.pdf.

BIOGRAPHICAL INFORMATION

Cornell ID # _____ Net ID _____ E-Mail address _____

Last Name _____ First Name _____ Middle Initial _____ Gender _____

Academic Program _____ Drop-down List _____

EXAMINATION INFORMATION

(This must be consistent with your Schedule of Exam form)

Professional Master's (Degree Sought:) _____

OUTCOME OF EXAM

(REQUIRED)

Date of Exam: _____ Passed Failed Conditional Pass

(If the exam was failed, indicate plans for re-examination. If it was a conditional pass, write the conditions. When the conditions on a conditional pass have been met, the Special Committee chair should notify the Graduate Field Administrator, Tina Nelson, in writing.)

DEGREE TO BE AWARDED

(This must be consistent with your Schedule of Exam form)

Professional Master's (Degree Sought:) _____

COMMITTEE SIGNATURES OF APPROVAL

Upon consensus of the results, all members of the Special Committee or their proxies must sign this form. Signatures also attest to attendance at examination

_____ Special Committee Chair (name)	_____ Net ID	_____ Special Committee Chair signature	_____ Date
_____ Special Committee member (name)	_____ Net ID	_____ Special Committee member signature	_____ Date
_____ Special Committee member (name)	_____ Net ID	_____ Special Committee member signature	_____ Date
_____ Special Committee member (name)	_____ Net ID	_____ Special Committee member signature	_____ Date
_____ Field Director of Graduate Studies (name)	_____ Net ID	_____ Director of Graduate Studies signature	_____ Date
_____ Field GFA or Administrative Manager (name)	_____ Net ID	_____ GFA or Administrative Manager signature	_____ Date

Field Use Only

Entered in Database _____ Date Processed _____