



**THE UNIVERSITY OF TEXAS AT DALLAS**  
**Geosciences**

ROC21 800 W Campbell Road Richardson Texas 75080-3021 972-  
883-2401 Fax 972-883-2537

**REPORT OF FINAL EXAMINATION**  
**for**  
**Master's Thesis**

We, the undersigned, as the Supervisory Committee for the master's thesis

of \_\_\_\_\_ report that we have conducted his/her examination.

The student named above has:

- (1) Completed the work assigned by the Supervisory Committee.
- (2) Passed all examinations required by the Graduate Program in Geosciences,
- (3) Completed a thesis which gives evidence of his/her ability to do independent research and itself constitutes a contribution to knowledge.

We recommend that he/she be granted the degree of Master of Science.

Conditions (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
**Research Supervisor**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)