

**CALIFORNIA STATE UNIVERSITY, LOS ANGELES**

**College of Natural and Social Sciences**

**Graduate Programs**

**REPORT OF ORAL DEFENSE OF THESIS (599)**

**Date** \_\_\_\_\_

**CIN Number** \_\_\_\_\_

\_\_\_\_\_ **ON** \_\_\_\_\_  
**Candidate's Name** **Oral**

\_\_\_\_\_ **Oral**  
**Passed or Failed**

**Defense of thesis in partial fulfillment of requirements for the MASTER OF  
ARTS/SCIENCE degree in the field of** \_\_\_\_\_

**Members of examination committee:**

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

**Department Chairperson** \_\_\_\_\_