



## Report of Final Examination Results

Student's Name \_\_\_\_\_ CSU I.D. Number \_\_\_\_\_

Date on which examination occurred: \_\_\_\_\_

*For multi-part examinations, this date refers to the final part only.*

Date on which examination was graded (if different than the date above): \_\_\_\_\_

Exam: Written \_\_\_\_\_ Oral \_\_\_\_\_

**It is the student's responsibility to submit this form to the LEAP Institute Office within  
TWO WORKING DAYS after the results of the examination are known.**

Results of the examination: \_\_\_\_\_ PASS \_\_\_\_\_ FAIL

Committee members voting to **PASS**  
(Please print name next to signatures)

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

Committee members voting to **FAIL**  
(Please print name next to signatures)

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

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand: