



Department of Nutrition and Food Sciences
P.O. Box 425888, Denton, TX 76204-5888
940-898-2636 FAX 940-898-2634

EXIT EXAMINATION APPROVAL FORM

Date: _____

Student: _____ ID#: _____

Advisor: _____

MS [] Nutrition [] Food Science [] Food Systems Administration

I certify that I have reviewed the above student's transcript and that this student has satisfactorily completed at least 21 graduate credit hours including the required core courses for the MS degree in marked above. Based on my evaluation, this student should be permitted to enter in the exit examination.

Advisor's Signature

Student's Signature

Printed Name

Printed Name

Date

Date