



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#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Advisor: \_\_\_\_\_

- MS [ ] Nutrition [ ] Food Science [ ] Food Systems Administration
[ ] Exercise and Sports Nutrition

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

Attention Student: You must be registered as a student at the time of the exam to take the Exit Examination.