Department: ___________________________ Semester: _____________________

Number of students participating in culminating activity: _________________________

Number of students passing culminating activity: _______________________________

Pass Rate: _______________

Type of culminating activity used by department (please check all that apply):

_____ Culminating Academic Review
_____ Counselor Preparation Comprehensive Exam
_____ Thesis (written)
_____ Thesis (show)
_____ Oral Defense
_____ Other

________________________________________  _____________
Signature of person submitting report       Date