

Must be received in Graduate Office at least four weeks before the final oral examination, if required, but in no case later than the calendar date for filing final report for degree.

UNIVERSITY OF NEBRASKA-LINCOLN
GRADUATE COLLEGE

- All information **must** be typed.

- Completed form should be **one** page only.

FINAL EXAMINATION REPORT FOR MASTERS DEGREE

PART 1

Name _____ Social Security No. _____
Local Address _____ Telephone _____
Permanent Home Address _____
Degree: MA__ MAE__ MAg__ MAT__ MBA__ MCRP__ MEd__ MEng__ MFA__ MLS__ MM__ MPA__ MPE__ MS__ MScT__ MST__
Option **I, II, or III** Major _____ Specialization _____
(Circle one) Minor _____ EXPECTED GRADUATION DATE _____

PART 2

WRITTEN COMPREHENSIVE EXAMINATION When required, the written comprehensive examination must be taken within 10 months of completion of degree requirements. The comprehensive exam(written and/or oral) in the minor department may be waived if all grades in the minor are at least a B or Pass.

WRITTEN COMPREHENSIVE EXAM TO BE TAKEN Major _____ Minor _____ PASSED Major _____ Minor _____
(Date) (Date) (Date) (Date)

Written Comprehensive Examination in Major Waived Yes No (If waived, oral must be taken)
Written Comprehensive Examination in Minor Waived Yes No Oral exam in minor waived Yes No

PART 3

EXAMINATION PROCEDURE APPROVED; INCOMPLETES REMOVED IN COURSES OTHER THAN THESIS. (Signatures required for options **I, II** and **III** prior to submission to the Office of Graduate Studies.)

(Signature, Major Adviser) Date _____ (Signature, Minor Adviser) Date _____

(Signature, Chair of Graduate Committee, Major Dept.) (Signature, Dean for Graduate Studies) Date _____

PART 4

FINAL ORAL EXAMINATION SCHEDULED DATE _____ TIME _____ BUILDING/ROOM _____
(at least four weeks after filing this final Examination Report Form)

FINAL ORAL EXAMINATION WAIVED Yes No

FINAL COPY OF THESIS APPROVED _____
(When Oral exam is waived) (Signature, Graduate Faculty Fellow, Major Dept., other than Adviser)

EXAMINING COMMITTEE (Type names of proposed committee members. Three members are required. All members on the examining committee **MUST** be on the Graduate Faculty, and at least one must be a Graduate Faculty Fellow. Signatures of committee members should be affixed after final oral examination.)

(Typed Name, Examining Committee Chair) Pass/No Pass _____ (Signature) _____
(Circle) _____

(Typed Name) Pass/No Pass _____ (Signature) _____
(Circle) _____

(Typed Name) Pass/No Pass _____ (Signature) _____
(Circle) _____

(Typed Name) Pass/No Pass _____ (Signature) _____
(Circle) _____

PART 5

TITLE OF THESIS:

FINAL GRADE FOR INCOMPLETE THESIS HOURS _____ APPROVED BY MAJOR ADVISER _____
(Signature, date)

PART 6

THESIS DEPOSITED IN LIBRARY

(Signature, Librarian) Date _____ (Signature, Cashier) Date _____

PART 7

RECOMMENDED FOR DEGREE _____ Date _____
(Signature, Dean for Graduate Studies)