

Final Examination Report

For the Master's Degree | Office of Graduate Studies | University of Nebraska-Lincoln



INSTRUCTIONS

Before submission to Graduate Studies, complete Parts 1 through 5, including signatures in Part 3 but omitting signatures in Part 4. *All information must be typed.* Due in Graduate Studies at least four weeks before the final oral examination, if required, but not later than the deadline for filing final report for degree.

PART 1: STUDENT AND PROGRAM INFORMATION

Full Name _____ NUID Number _____
 Mailing Address _____ Phone _____
 Degree MA MAE MAS MAT MBA MCRP MEd MEM MEng MFA MLS MM MPA MS MST
 Option I II III Major _____ Minor _____
 Specialization (if applicable) _____ Expected Graduation Date _____

PART 2: WRITTEN COMPREHENSIVE EXAMINATION

When required, the written comprehensive examination must be taken within 24 months of completion of degree requirements.

MAJOR: Written exam waived? No, scheduled for (date) _____ and passed (date) _____ Yes, therefore oral must be taken.

MINOR: Written exam waived? No, scheduled for (date) _____ and passed (date) _____ Yes. Minor oral exam waived? No Yes
 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.

PART 3: EXAMINATION PROCEDURE APPROVED

Signature, Major Advisor *Date* *Signature, Minor Advisor* *Date*

Signature, Chair of Graduate Committee, Major Dept. *Date* *Signature, Dean of Graduate Studies* *Date*

PART 4: FINAL ORAL EXAMINATION

SCHEDULED (at least four weeks after filing this form): Date: _____ Time: _____ Building/Room: _____

WAIVED? No Yes, final copy of thesis approved by: _____
Signature, Graduate Faculty in Major Dept. other than Advisor *Date*

EXAMINING COMMITTEE. List proposed members. *Three members are required.* All members on the examining committee MUST be Graduate Faculty. Affix signatures of committee members after final oral examination.

	Typed Name	Pass / No Pass	Signature	Date
Chair	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Member 2	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Member 3	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Member 4	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Member 5	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

PART 5: THESIS

Title of thesis: _____

Final grade for all incomplete thesis hours: _____ Approved by major advisor: _____
Signature *Date*

PART 6: THESIS PROCESSING FEE

Cashier _____
Signature *Date*

PART 7: RECOMMENDED FOR DEGREE

Dean of Graduate Studies _____
Signature *Date*

Revised 2017/02