

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 _____ NU ID Number _____
Mailing Address _____ Phone _____

Applies for admission to candidacy for the degree of MA MAE MAg MArch MAT MBA MCRP MEd MEng
MFA MLS MM MPA MPE MS MScT 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 Adviser Date

Signature, Minor Adviser 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 Fellow in Major Dept. other than Adviser Date

EXAMINING COMMITTEE. List proposed members. *Three members are required.* All members on the examining committee MUST be Graduate Faculty, and at least one must be a Graduate Faculty Fellow. 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 adviser: _____
Signature Date

PART 6: THESIS DEPOSITED IN LIBRARY

Librarian _____
Signature Date

Cashier _____
Signature Date

PART 7: RECOMMENDED FOR DEGREE

Dean of Graduate Studies _____
Signature Date