

# 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 DEPOSITED IN LIBRARY

Librarian \_\_\_\_\_ Cashier \_\_\_\_\_  
*Signature* *Date* *Signature* *Date*

## PART 7: RECOMMENDED FOR DEGREE

Dean of Graduate Studies \_\_\_\_\_  
*Signature* *Date*

Revised 2016/03