

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

First Name _____ NUID Number _____

Last Name _____ Campus Email _____@huskers.unl.edu

Degree MA MAE MAS MAT MBA
 MCRP MEd MEM MFA MLS
 MM MPA MS MST

Major _____
Specialization _____
Minor _____

Option A B

Expected Graduation May August December Year _____

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: Scheduled for (date) _____ and passed (date) _____ Waived, therefore oral must be taken.

MINOR: Written exam: Scheduled for (date) _____ and passed (date) _____ Waived. 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 for 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. All members MUST be Graduate Faculty.

List proposed members. Three members are required.

After final oral examination, obtain signatures.

Role	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: _____

Approved by major advisor: _____
Signature Date

PART 6: RECOMMENDED FOR DEGREE

Signature, Dean for Graduate Studies Date

Revised 2021/09 by OGS/EP