

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)