



Report of Completion

For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln

STUDENT AND PROGRAM

First Name _____ NUID Number _____

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

Degree Ph.D. Major _____

Au.D. _____

D.M.A. Specialization _____

D.P.H. _____

Ed.D. Minor _____

DISSERTATION OR DOCTORAL DOCUMENT

Title of Dissertation or Doctoral Document _____

Completed under the supervision of _____

COMMITTEE SIGNATURES

Supervisory Committee	Minor (if applicable)
_____ <i>Signature, Chair/Advisor</i>	_____ <i>Signature, Minor Department</i>
_____ <i>Signature</i>	Dissenting Votes (with written explanation)
_____ <i>Signature</i>	
_____ <i>Signature</i>	
_____ <i>Signature</i>	
_____ <i>Signature, Outside Representative</i>	_____ <i>Signature</i>
	_____ <i>Signature</i>

RECOMMENDED FOR DEGREE BY DEPARTMENT

Recommended by Departmental Graduate Program Chair _____
Signature *Date*

GRADUATE STUDIES APPROVAL AFTER ALL ITEMS ABOVE ARE COMPLETE

Recommended by Dean for Graduate Studies _____
Signature *Date*

Revised 2026/03 by OGS/JC