

Final Report

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



INSTRUCTIONS

Must be received by the Office of Graduate Studies at least 14 days before graduation. All information must be typed.

STUDENT AND PROGRAM

Student Name _____ NU ID Number _____

Mailing Address _____

Major _____

Expected Graduation Date _____

WRITTEN COMPREHENSIVE EXAMINATION

A written comprehensive examination is required to cover the student's approved program of study. (All comprehensive examinations, either passed or failed, must be reported to the Office of Graduate Studies at least **ten** days before the graduation date.)

Date Passed _____

Date Failed _____

APPROVAL FOR GRADUATION

Supervisory Committee

Department Graduate Committee

Signature, Chair _____ *Date*

Signature, Chair _____ *Date*

Signature, Member _____ *Date*

Signature, Member _____ *Date*

GRADUATE STUDIES ACTION

The candidate is therefore to be reported to the Faculty of the Graduate College as having fulfilled all requirements for the above-mentioned degree.

Signature, Dean of Graduate Studies _____ *Date*

Revised 2026/03 by OGS/JC