

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.

<u>List proposed members. Three members are required.</u>		<u>After final oral examination, obtain signatures.</u>		
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 2026/03 by OGS/JC