



# Completion of Master's or Specialist Exam

Research & Graduate Studies  
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To be completed when student completes master's or education specialist degree.

To: \_\_\_\_\_ From: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Plan: \_\_\_\_\_ Admit Term: \_\_\_\_\_

Examination for:  MASTER'S  SPECIALIST

Degree Sought:  M.A.  M.S.  Ed.S.  Other (please specify) \_\_\_\_\_

This degree is:  Exam & Thesis  Exam only  Thesis only  Other \_\_\_\_\_

Passed Exam with:  Honors (If applicable)  Satisfactory

*Notice to departments: If student did not pass exam, please notify your School/College via email.*

Exam Committee Members (Minimum number of committee members is three, may have up to five)

	<u>Name</u>	<u>Status</u>	<u>Employee ID#</u>
(Chair)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(5)	_____		

Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Department Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental authorization: Department Chairperson / Director of Graduate Studies

## School/College Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Division authorization: School/College Dean Representative

Routing of form: Department → School/College → Registrar  
→ Office of Graduate Studies  
→ ISSS (if international student)