

Completion of Master's or Specialist Exam

Pre-approval must be granted at least two weeks prior to the completion of the master's or education specialist exam.



Department: _____ School: _____

Student Name: _____ Student ID: _____

Current Plan: _____ Admit Term: _____

International Student: Yes No *If Yes, the School/College must provide copy to International Student & Scholar Services (ISSS)*

Examination for:	<input type="checkbox"/> MASTER'S	<input type="checkbox"/> SPECIALIST
Degree Sought:	<input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Ed.S. <input type="checkbox"/> M.S.E. <input type="checkbox"/> Other (please specify)	
This degree is:	<input type="checkbox"/> Exam & Thesis <input type="checkbox"/> Exam only <input type="checkbox"/> Other _____	
Thesis Title:	_____	
Date of Exam:	Time: _____	Location: _____
Exam Committee Members (Minimum number of committee members is three, may have up to five)		
	<u>Name</u>	<u>Status</u>
		<u>Email Address</u>
(Chairperson)	_____	
(2)	_____	
(3)	_____	
(4)	_____	
(5)	_____	
Pre-approval		
Department Chairperson or Director of Graduate Studies		
Pre-approval	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-approval signature _____
School/College		
Pre-approval	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-approval signature _____

Exam Approval		
Committee Chairperson Signature: _____	Date: _____	
Exam Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Passed Exam with:	<input type="checkbox"/> Honors (If applicable) <input type="checkbox"/> Satisfactory

Final Approval for Degree: This student meets all the requirements for this degree.	
School/College Approval	
Signature: _____	Date: _____

[Progress to Degree Forms](#)

Routing of form: Department → School/College → [Registrar](#) 864-4423
+ [Office of Graduate Studies](#) 864-8040
+ [ISSS \(if international student\)](#) 864-3617