



**Request for Final Examination: Advanced Degree**

INSTRUCTIONS: Submit this request to the Graduate College, 205 Gilmore Hall, at least two weeks before the exam. If a nondoctoral exam, include the Nondoctoral Plan of Study Summary sheet with the request, unless an approved Plan of Study is already on file with the Graduate College.

Last Name	First Name	Student Number
Program	Degree Major	Degree Objective
Approved Subtrack (if any)		
Anticipated Graduation Date	Term	Year
		Select One      Thesis      Nonthesis
Thesis Title (if doctoral exam)		
Examination Date	Examination Time	Examination Place

The program should notify each committee member of the day, time, and place of the exam. **The Report of Final Examination is due in the Graduate College no later than 48 hours after the exam.**

**Examining Committee**

The following examining committee is required (no fewer than five members for the doctoral degree, including four UI tenured/tenure-track faculty, two of whom are **within** the program; no fewer than three members for a nondoctoral degree, at least two of whom must be UI tenured/tenure-track faculty **within** the program):

Name and Academic Rank	Program
Chair:	

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
 DEO/DGS

After obtaining departmental signature, send completed form to the Graduate College, 205 Gilmore Hall.

**Report of Final Examination: Advanced Degree**

INSTRUCTIONS: The Report of Final Examination is due in the Graduate College no later than 48 hours after the exam. Each committee member should personally sign his/her name or initials. Two **unsatisfactory** votes make the report unsatisfactory. If an examination is cancelled or postponed, please indicate this on the Report and return it to the Graduate College. Please keep a copy of this report for your records.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Program

\_\_\_\_\_  
Degree Objective

\_\_\_\_\_  
Degree Major

\_\_\_\_\_  
Anticipated Graduation Date

\_\_\_\_\_  
Approved Subtrack (if any)

Committee Member	Satisfactory	Unsatisfactory
Chair:		

First Failure \_\_\_\_\_

Second Failure \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Approved: \_\_\_\_\_ Date : \_\_\_\_\_  
                  DEO/DGS