



# UCONN

# THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152  
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## REPORT ON THE FINAL EXAMINATION FOR THE MASTER'S DEGREE

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STUDENT ID # (SEVEN DIGITS) \_\_\_\_\_ NETID \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_

PLAN OF STUDY     PLAN A (WITH THESIS)     PLAN B (NON-THESIS)

This report must be submitted to The Graduate School whether the examination has been passed or failed. It is a required document for the audit of records for a Master's degree conferral. The original should be submitted to The Graduate School and a copy is to be retained by your major advisor. It must be submitted no later than the appropriate August, December, or May conferral date. If this report is submitted after the appropriate deadline, your degree will not be conferred until the following conferral date.

### 1. FINAL EXAMINATION

A. DATE(S) GIVEN (MM/DD/YYYY)      WRITTEN SECTION \_\_\_\_\_

ORAL SECTION \_\_\_\_\_

### B. FACULTY MEMBERS PARTICIPATING (INCLUDING MEMBERS OF ADVISORY COMMITTEE)


PLEASE TYPE OR PRINT NAMES

2. RESULTS OF THE EXAMINATION     PASS     FAIL

3. COMMENTS

DATE: \_\_\_\_\_

**ADVISORS NAME**

**ORIGINAL SIGNATURE REQUIRED**

MAJOR ADVISOR  
(REQUIRED) \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR  
(REQUIRED) \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR  
(REQUIRED) \_\_\_\_\_

\_\_\_\_\_

ASSOCIATE ADVISOR \_\_\_\_\_

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ASSOCIATE ADVISOR \_\_\_\_\_

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