



UCONN

THE GRADUATE SCHOOL

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REPORT ON THE FINAL EXAMINATION FOR THE SIXTH YEAR DIPLOMA

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____

NETID _____

PHONE _____

EMAIL _____

FIELD OF STUDY _____

This report shall be submitted to the Associate Dean of the Neag School of Education by the advisor immediately following the examination or completion of summary project. If both written and oral sections are given, one report should cover the entire exam. The report may be prepared in duplicate, but only the original must be sent to The Graduate School no later than the appropriate August, December, or May conferral dates. *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

PLEASE TYPE OR PRINT NAMES

2. RESULTS OF THE EXAMINATION PASS

FAIL

3. COMMENTS

ADVISORS NAME

ORIGINAL SIGNATURE REQUIRED

MAJOR ADVISOR
(REQUIRED)
