Report of Completion

For the Doctoral Degree | Office of Graduate Studies | University of Nebraska-Lincoln



STUDENT AND PROGRAM

First Name			NUID Number	
Last Name			Campus Email	@huskers.unl.edu
Degree	\Box Ph.D. \Box Au.D.	Major		
	□ D.M.A. □ D.P.H.	Specialization		
	\Box Ed.D.	Minor		
DISSERT	ATION OR DO	CTORAL DOCUMENT		
Title of Dis or Doctoral				
Completed supervision				
COMMIT	FEE SIGNATU	RES		
Supervisory Committee			Minor (if applicable)	
Signature, Chair/Advisor			Signature, Minor Department	
Signature				with written explanation)
Signature				
Signature			Signature	
Signature			Signature	
Signature, Ot	utside Representativ	e		
GRADUA	TE STUDIES A	ACTION		

Recommended for degree

Signature, Dean for Graduate Studies

Date

Revised 2021/06 by OGS/EP