Department of Special Education and Communication Disorders Application to take Exit Examination to fulfill requirements for Master's Degree

Exam Year:
Exam Term: Spring Fall
Exam Attempt:
Student Name:
Student ID#:
Student @huskers email address:
Specialization: ECSE VI DHH O&M K-6 7-12
Academic Advisor Name:
Please read and attest to the following: I met with my academic advisor in preparation for this exam on We discussed possible topics/directions for my exam paper and the expectations for completing and submitting my exam paper.
 I have carefully read each of the following: the Exit Exam information of the Master's Degree Program Requirements section of the Master's Degree Handbook, which I received upon admission to the program. the Exit Exam instructions and Grading rubric.
I submitted the Final Examination Report form to my advisor on
☐ I understand that I will receive my exam topic/direction from Jill England via email by :, indicating the start of the 3-week exit exam writing process.
☐ I understand that I must submit my exit exam paper to the Exit Exam Canvas course no later than:
☐ I understand that I will receive notification of either a Pass , Revise , or No Pass on this exit exam attempt by
☐ I understand that if I receive notification of a Revise , I have two-weeks from the notification date to edit and resubmit my paper to the Exit Exam Canvas course.
☐ I understand that if this is my first attempt and I receive notification of a No Pass , I have the opportunity to complete a second attempt of the exit exam in the following semester.
☐ I understand that if this is my second attempt and I receive notification of a No Pass , I will be recommended for termination from my master's program.
☐ I understand that I must email a completed copy of this form to Jill England (jill.england@unl.edu) AND my advisor by September 1 if taking the exit exam in Fall or December 15 if taking the exit exam in Spring.
Student Signature Date Advisor Signature Date