University of Nebraska at Omaha
Application for Final Examination or Waiver of Examination for the Doctoral Degree

Student Name __________________________________________         NUID ____________________________________
Major_____________________________  Specialization _________________________   Minor _________________________

Dissertation Title (EDT)
_________________________________________________________________________________________________

Approval of the Reading Committee to proceed with oral defense of dissertation:
Signature of First Reader ______________________________________________________     Date _______________
Signature of Second Reader ______________________________________________________    Date _______________

Final Oral Examination Scheduled Date _______________________   Time ___________________   Location ___________________
Signature of Dissertation
Committee Chair/Co-Chair__________________________________________      __________________________________________
Dissertation Committee (no signature required):
Chair: ____________________________________________ Member: __________________________________________
Member: _________________________________________ Member: __________________________________________
Member: _________________________________________ Outside Representative:__________________________________

For a waiver of the oral examination, the Dissertation Committee chair must attach a statement of justification; all members of the dissertation committee must indicate their approval of the waiver by signing the attached statement.

Signature-Dean of Graduate Studies
____________________________________________________             Date: ____________________