College of Liberal Arts and Sciences

Department of Sociology and Criminology
401 North Hall

University of Iowa
20 West Davenport Street
Iowa City, Iowa 52242-1223
319-335-2502
https://clas.uiowa.edu/sociology/

Final Degree Exam Request Form: MA Students

Student Name: _____ HawkID/UID: _____

Exam Date and time: _____ Exam Location: _____

Exam type (select only one; if you are unsure which of these options you are pursuing, see the Grad Student FAQ for more information):

- ◯ MA – Thesis
- ◯ MA – Nonthesis, research paper
- ◯ MA – Nonthesis, oral exam

Committee for defense: *The M.A. candidate should select a chairperson for their Examining Committee who is within their major field in the first year of residence. The chairperson and the candidate agree on two additional members for the M.A. Examining Committee. The three-person committee should include two faculty members for the student's major and at least one person with methodological/statistical skills related to the person's major.*

Committee	**Current UI Faculty?***	
Chair: _____	◯ Yes	◯ No
Co-chair (if applicable): _____	◯ Yes	◯ No
Member: _____	◯ Yes	◯ No
Member: _____	◯ Yes	◯ No
Member: _____	◯ Yes	◯ No
Member: _____	◯ Yes	◯ No

**If any of your proposed committee members are NOT current University of Iowa Faculty, please fill out an "External Committee Member Approval Form" for each committee member who is not currently at the UI and attach it to this form. If you have already filled out a form for a specific committee member, please note which one and the date the committee member was approved: _____*

☐ I certify that I have discussed my plans for this exam with my faculty advisor

☐ I certify that I have filled out a departmental coursework audit and attached it to this form

Student signature: _____ Date: _____

- *MAIN OFFICE USE ONLY BELOW THIS LINE* -

Signature of DGS: _____ Date: _____

Exam request submitted: _____