

MS Student Final Exam Checklist

This checklist must be completed by the student's MS advisory committee at the student's Final Exam.

Student Name: _____ UKID: _____ Start Date: _____

___ **I. ADVISORY COMMITTEE:** (Minimum of 3 "core" members. All must be members of the graduate faculty. 2 members must be full members of the graduate faculty.)

Committee Member	Email	Committee Member	Email
1.		2.	
3.		4.	
5.		6.	

___ **II. COURSES:** (All course work should be approved by the student's Advisory Committee)

a. **Core Courses** (Must complete 3 of the 5 core courses with a grade of B or higher)

EE 611: Semester _____ Grade _____ EE 621: Semester _____ Grade _____

EE 640: Semester _____ Grade _____ EE 661: Semester _____ Grade _____

EE 685: Semester _____ Grade _____ Total Credits from core courses: _____

Note any repeats or withdrawals from core courses: _____

b. **Advanced or Specialty Courses:** (Exclude EE 783 not contributing to pre-qualifying credit)

Course	Semester	Grade	Credits	Course	Semester	Grade	Credits

Total Credit Hours Completed _____ GPA _____

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III. Publications and Patents

(List publications in the format: AuthorLastName, first, "Title of Publication," *Journal Name*, vol. #, pp. 1 – 4, Month, Year.)

Refereed Journal Articles:

[1]

[2]

[3]

[4]

Refereed Conference Publications:

[1]

[2]

[3]

[4]

Other Publications (including Patents):

[1]

[2]

[3]

[4]

IV. Awards & Activities (List any awards received, or significant activities, such as NSF ethics training)

Award/Activity: _____

Awarding Institution: _____

Date: _____

Award/Activity: _____

Awarding Institution: _____

Date: _____

Award/Activity: _____

Awarding Institution: _____

Date: _____

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___ **V. Final Defense:**

(See Rubrics for quantitative scoring)

Defense Date: _____

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MS Thesis (Plan A)

☐

MS Project (Plan B)

Thesis/Project Title: _____

Quality of Writing (Thesis/Project): _____

Quality of Oral Presentation: _____

Quality of the Research: _____

Ability to Field Technical Questions: _____

Ability to Perform *Creative* Research: _____

Overall Score: _____

Committee Recommendation:

☐

Pass

☐

Fail

Committee Comments:

Chair Signature: _____ Date: _____