

Doctoral Comprehensive Examination Defense Approval Form

Student Information

First Name:

Last Name:

NSHE ID:

Rebelmail:

Phone:

Admit year & term:

Sub-plan: Post-Bachelor's Post-Master's

Oral Defense

Comprehensive Examination Title:

Date Committee/Graduate Coordinator Notified of Defense:

Date of Defense:

Oral Defense Results: Pass Fail

Approval Names and Signatures

Comprehensive Exam Committee Chair

Comprehensive Exam Committee Chair Signature Date

Comprehensive Exam Committee Member

Comprehensive Exam Committee Member Signature Date

Comprehensive Exam Committee Member

Comprehensive Exam Committee Member Signature Date

Graduate Coordinator

Graduate Coordinator Signature Date

Department Chair

Department Chair Signature Date

Email Scanned copy of form and final manuscript to Graduate Coordinator
Make a copy for personal records – Submit original document to the Criminal Justice
Office