

Please type or print clearly in blue or black ink.

STUDENT INFORMATION

NSHE ID: _____ DEPARTMENT / PROGRAM OF STUDY: _____

FIRST NAME: _____ LAST NAME: _____

REBELMAIL: _____ PHONE: _____

ADMIT TERM & YEAR: _____ DEGREE EMPHASIS (if applicable): _____

DEGREE: D.P.T. Ph.D. Ed.D. D.M.A. D.N.P.

Are you a currently, or do you plan to be, a graduate assistant? YES NO

COMPLETED BY DEPARTMENT

DEPARTMENT: _____

1. All approved degree program coursework (excluding dissertation credit) has been completed successfully within the appropriate time. **NOTE:** Refer to the Graduate Catalog for degree completion time limits. YES NO

Updated and correct degree program is on file in the Graduate College YES NO Current graduate GPA: _____

First coursework completed: Year: _____ Term: _____

Last coursework completed: Year: _____ Term: _____

Residency requirement met (excluding dissertation credit) – If required by department: Year: _____ Term: _____

2. Final Comprehensive Examination Passed (if required): Date passed: _____

3. Prospectus – Successfully Defended & Approved by Committee: Date passed: _____

Title: _____

APPROVAL NAMES & SIGNATURES

ADVISORY COMMITTEE CHAIR – PRINT NAME

ADVISORY COMMITTEE CHAIR SIGNATURE DATE

DEPARTMENT CHAIR/GRADUATE COORDINATOR – PRINT NAME

DEPARTMENT CHAIR/GRADUATE COORDINATOR SIGNATURE DATE

GRADUATE COLLEGE REPRESENTATIVE – PRINT NAME

GRADUATE COLLEGE REPRESENTATIVE SIGNATURE DATE

*DEAN, ACADEMIC COLLEGE – PRINT NAME

*DEAN, ACADEMIC COLLEGE SIGNATURE DATE

*Dean signature is required for programs in the School of Community Health Sciences, School of Allied Health Sciences, School of Nursing, and College of Sciences.

GRADUATE COLLEGE USE ONLY

DEAN, GRADUATE COLLEGE DATE