

Comprehensive Examination for Doctoral Students

(This exam must be taken before the first day of the sixth semester in the program.)

School of Life Sciences
University of Nevada, Las Vegas

Student Name: _____ Date: _____

Student ID (L) number: _____

This form documents that the above student has taken the written and oral portions of the Comprehensive Examination required for the Ph.D. degree within the School of Life Sciences.

Outcome of the Comprehensive Examination (Please check ONE box only)

Pass Remediation required for Pass: Fail Exam date(s): _____

COMMENTS

1. Please describe in detail the student's performance in both the written and oral portions of the exam.

2. Please explain the reason for the decision indicated above and, if applicable, the details of, and the deadline(s) for the corrective steps that the student must take to earn a "Pass" in his/her Comprehensive Examination.

If the student earned a Pass in the Comprehensive Examination, has he/she completed the six didactic graduate courses required to advance to Candidacy? Yes No

If the answer to the previous question is "No," please list the coursework that the student must still complete.

The following Graduate Faculty members of the Doctoral Examination Committee of _____ hereby endorse the decision described above.

Please print, date, and sign below.

Chair _____	Signature _____	Date _____
Member _____	Signature _____	Date _____
Member _____	Signature _____	Date _____
Member _____	Signature _____	Date _____
Member _____ (Graduate College Representative)	Signature _____	Date _____

Once completed by the Chair of the examination committee and signed by all parties, please scan and email this form to the SoLS Graduate Coordinator at the following email address:

<mailto:lifesciences.gradcoord@unlv.edu>