STUDENT INFORMATION

First Name: ___________________________ Last Name: ___________________________

NSHE ID: ___________________________ Sub-plan: (circle one) Post-Bachelor’s / Post-Master’s

Rebelmail: ___________________________ Phone: ___________________________

Admit year & term: ___________________________

________________________________________________________________________

ORAL DEFENSE

Comprehensive Examination Title: ___________________________________________

________________________________________________________________________

Date Committee/Graduate Coordinator Notified of Defense: ___________________________

Date of Defense: ___________________________

Oral Defense Results: Pass Fail ___________________________

________________________________________________________________________

APPROVAL NAMES AND SIGNATURES - Print names on the left, and have individuals sign on the right.

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

Approved April 18, 2018