UNLV | Department of CRIMINAL JUSTICE

University of Nevada, Las Vegas

Doctoral Comprehensive Examination Defense Approval Form

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