

UNIVERSITY OF NEVADA, LAS VEGAS

STUDENT INFORMATION

First Name: _____ **Last Name:** _____
NSHE ID: _____ **Sub-plan:** (circle one) Post-Bachelor's / Post-Master's
Rebelmail: _____ **Phone:** _____
Admit year & term: _____

COMPREHENSIVE EXAMINATION TOPIC

Committee Approved Topic:* _____
 *Email committee approved (1) reading list, (2) draft manuscript outline, and (3) tentative timeline for draft manuscript submissions and defense date to the Graduate Coordinator, along with a scanned copy of this completed form.

COMMITTEE COMPOSITION – Refer to the Doctoral Comprehensive Examination Policy and Process guidelines for selecting a Comprehensive Examination Committee. Print the names of the committee members on the left, and have committee members 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

STUDENT SIGNATURE

SIGNATURE

DATE

ADDITIONAL REQUIRED APPROVAL SIGNATURES

_____	_____	_____	_____
GRADUATE COORDINATOR	DATE	DEPARTMENT CHAIR	DATE