

FINAL EXAMINATION RESULTS

- This form should be used to document completion of a final exam as culminating experience in a Masters, Specialist or graduate certificate program.
- This form does not replace the oral defense form (when an oral defense is required), nor should it be used for a doctoral student's advancement to candidacy.

Please type directly into the highlighted fields or print clearly in blue or black ink.

STUDENT INFORMATION

Student ID (L-Number): _____

Student Name: _____
Last Name First Name M.I.

Address: _____
Street Address

_____ City State ZIP Code
 UNLV E-mail Address: _____ Phone: _____

FINAL EXAM

Date of Final Examination: _____

Department: _____ Degree Program: _____

Final Examination Results: Pass Fail

APPROVAL SIGNATURES REQUIRED:

Advisory Committee Chair	Date	Additional Member <i>(if applicable)</i>	Date
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Advisory Committee Member	Date	Additional Member <i>(if applicable)</i>	Date
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Advisory Committee Member	Date
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Graduate College Representative	Date
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Department Chair or Graduate Coordinator	Date	*Dean, Academic College	Date
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GRADUATE COLLEGE USE ONLY

Dean, Graduate College	Date
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* Please consult the Forms page of the Graduate College website (graduatecollege.unlv.edu) to determine if this signature is required for your program.