

ORAL DEFENSE RESULTS

THESIS, DISSERTATION/MUSIC DOCUMENT, PROFESSIONAL/SCHOLARLY PAPER, OR PROJECT

THE GRADUATE COLLEGE
The University of Nevada, Las Vegas

STUDENT INFORMATION:

Student ID or Social Security Number: _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Phone _____

ORAL DEFENSE RESULTS:

Date of Oral Defense: _____

Department: _____ Degree Sought: _____

Degree Option: Thesis Dissertation/Music Document
 Professional/Scholarly Paper or Project

Title _____

____ **Pass:** *Number of credit hours to grant: _____ **Fail**

*Not to exceed the total of credit hours on the approved Degree Program form

SIGNATURES:

Advisory Committee Chair Date Additional Committee Member (if applicable) Date

Advisory Committee Member Date Department Chair/Graduate Coordinator Date

Advisory Committee Member Date * Dean, Academic College Date

Graduate College Representative Date

GRADUATE COLLEGE USE ONLY:

Dean, Graduate College Date

REGISTRAR USE ONLY (X to S)				
Prefix	Class #	Class Suf	Sec #	Term
Signed _____		Date _____		

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