

ORAL DEFENSE RESULTS

THESIS, DISSERTATION/MUSIC DOCUMENT, PROFESSIONAL/SCHOLARLY

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: _____

ORAL DEFENSE RESULTS

Date of Oral Defense: _____

Program of Study: _____ Degree Sought: _____

Degree Option: Thesis Dissertation Professional/Scholarly Paper or Project

Title: _____

Oral Defense Results: Pass: Number of credit hours to grant: _____
 Fail * Not to exceed the total of credit hours on the approved Degree Program Form

APPROVAL SIGNATURES:

Advisory Committee Chair Date

Additional Committee Member (if applicable) Date

Advisory Committee Member Date

Additional Committee Member (if applicable) Date

Advisory Committee Member Date

Graduate College Representative Date

Department Chair or Graduate Coordinator Date

*Dean, Academic College Date

REGISTRAR USE ONLY (X to S)				
PREFIX	CLASS #	CLASS SUF.	SEC #	TERM

Signed: _____ Date: _____

GRADUATE COLLEGE USE ONLY

Dean, Graduate College Date

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