

COMPREHENSIVE EXAMINATION RESULTS

For the Ed.D. and Ph.D. degrees in the Department of T&L

THE DEPARTMENT OF TEACHING AND LEARNING
The University of Nevada, Las Vegas

STUDENT INFORMATION:

NSHE

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

COMPREHENSIVE EXAMINATION:

Date of Comprehensive Examination _____

Degree Program _____

Comprehensive Examination Results Pass Fail

SIGNATURES:

Advisory Committee Member 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

THE DEPARTMENT OF TEACHING AND LEARNING:

Department Chair/Graduate Coordinator Date