

**Return Completed Form to:**  
Graduate School/326  
University of Nevada, Reno  
Reno, NV 89557-0035  
(775) 784-6869  
Fax: (775) 784-6064  
E-mail: [gradschool@unr.edu](mailto:gradschool@unr.edu)  
[www.unr.edu/grad](http://www.unr.edu/grad)



## DOCTORAL DEGREE NOTICE OF COMPLETION

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Date of Final Oral Examination: \_\_\_\_\_ Satisfactory ( ) Unsatisfactory ( )

Dissertation: Satisfactory ( ) Unsatisfactory ( )

Title of Dissertation:

\_\_\_\_\_  
Chair, Advisory Committee Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Committee Member Date

\_\_\_\_\_  
Graduate School Representative Date

\_\_\_\_\_  
Graduate Director Date

**APPROVED:**

\_\_\_\_\_  
Graduate Dean Date