

**Return Completed Form to:**  
 Graduate School/0326  
 University of Nevada, Reno  
 Reno, NV 89557-0326  
 (775) 784-6869  
 Fax: (775) 784-6064  
 E-mail: [gradadmissions@unr.edu](mailto:gradadmissions@unr.edu)  
[www.unr.edu/grad](http://www.unr.edu/grad)



**DOCTORAL DEGREE ADMISSION TO CANDIDACY/  
 COMPREHENSIVE EXAMINATION REPORT**

Please fill out on-line and print for signatures (No Handwritten forms will be accepted)

<b>Name:</b> _____		<b>NSHE #:</b>	
Last	First	Middle	Former
<b>Graduate Program:</b>		<b>Degree:</b>	
<b>Residency Requirement Satisfied:</b> (Two successive semesters of nine (9) or more credits)		<b>Semester/Year</b>	<b>Semester/Year</b>
<b>Foreign Language or Alternative:</b>		<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Not Required
<b>Comprehensive Examination:</b>			
<b>Written:</b> Date taken: _____		Passed: <input type="checkbox"/> Failed: <input type="checkbox"/> Not Required: <input type="checkbox"/>	
<b>Oral:</b> Date taken: _____		Passed: <input type="checkbox"/> Failed: <input type="checkbox"/> Not Required: <input type="checkbox"/>	
<b>Chair Name (Print), Advisory Committee</b>		<b>Chair, Signature</b>	<b>Date</b>
<b>Committee Member Name (Print),</b>		<b>Committee Member, Signature</b>	<b>Date</b>
<b>Committee Member Name (Print),</b>		<b>Committee Member Signature</b>	<b>Date</b>
<b>Committee Member Name (Print),</b>		<b>Committee Member Signature</b>	<b>Date</b>
<b>Committee Member Name (Print),</b>		<b>Committee Member Signature</b>	<b>Date</b>
<b>Graduate School Representative Name (Print),</b>		<b>Graduate School Representative Signature</b>	<b>Date</b>
<b>Graduate Program Director Name (Print),</b>		<b>Graduate Programs Directors Signature</b>	<b>Date</b>
<b>APPROVED:</b>			
<b>Graduate Dean</b>			<b>Date</b>