| Name   | Name                   |                |                |                        |                     | NSHE ID                                       |                      |                       |  |  |
|--|------------------------|----------------|----------------|------------------------|---------------------|---|----------------------|-----------------------|--|--|
| Email  |                        |                |                |                        |                     |   |                      |                       |  |  |
| Graduate Program   |                        |                |                |                        |                     | Degree  |                      |                       |  |  |
| Residency Requ   | irement:               |                |                |                        |                     |   |                      |                       |  |  |
| Two successive semest  | ers of nine (9) or mor | e credits is r | equired for st | udents not on an assis | stantship. For stud | ents who are on an assistant                  | ship, six (6) or mor | e credits is recalled |  |  |
| Semester Foreign Language Requirement or Alternative:  |                        |                |                |                        | ter/Year:           | Semester/Year:                                |                      |                       |  |  |
|  |                        |                | Req            | uired: Y               | N                   | If Required, Fulfilled?                       | ?: Y                 | N                     |  |  |
| Comprehensiv   | e Examinati            | on:            |                |                        |                     |   | .6                   |                       |  |  |
| A written and/or oral  |                        |                | e consult with | ı your advisor on you  | ur specific prograr | m requirements.                               |                      |                       |  |  |
| Written Exam:  | Required:              | Υ              | N              | If required, date      | e taken:            |   | Nssed:               | Failed:               |  |  |
| Oral Exam:   | Required:              | Y              | N              | If required, date      | e taken:            |   | Passed:              | Failed:               |  |  |
|  |                        |                |                |                        | O,                  | 5   |                      |                       |  |  |
| Major Advisor's/Committee Chair Signature Prot t National Prof |                        |                |                |                        |                     |   | Date                 |                       |  |  |
| Co-Advisor/Committed   | e Co-Chair Signat      | ture (if app   | plicable       | Frint Name             | 40                  | <u>  `                                   </u> | Date                 |                       |  |  |
| Committee Member Signature   |                        |                |                | Printina ne            | <u> </u>            | Date  |                      |                       |  |  |
| Committee Member Signature   |                        |                |                | Pi nt Name             |                     | Date  |                      |                       |  |  |
| Committee Member S   | ignature               |                | -CX            | Print Name             |                     |   | Date                 |                       |  |  |
| Committee Member S   | ignature               | D'             |                | Print Name             |                     |   | Date                 |                       |  |  |
| Graduate School Repre  | esentatir e Signat     | ure            |                | Print Name             |                     |   | Date                 |                       |  |  |
| Graduate Program Dire  | ector's Signature      |                |                | Print Name             |                     |   | Date                 |                       |  |  |
| Graduate Dean's Signa  | ature                  |                |                |                        |                     |   | Date                 |                       |  |  |
| For office use only  | / <u> </u>             |                |                |                        |                     |   |                      |                       |  |  |
| Approved   |                        |                |                |                        |                     |   |                      |                       |  |  |
| Denied Evaluator   |                        |                |                |                        |                     | D   | ate                  |                       |  |  |