

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
 unr.edu/grad



DOCTORAL DEGREE – NOTICE OF COMPLETION
 Please fill out on-line and print for signatures (No Handwritten forms will be accepted)

Name:	NSHE#:
--------------	---------------

Graduate Program:	Degree:
--------------------------	----------------

Dissertation: Satisfactory Unsatisfactory

Title of Dissertation:

Committee Chair Name (Print)	Committee Chair Signature	Date
-------------------------------------	----------------------------------	-------------

Committee Member Name (Print)	Committee Member Signature	Date
--------------------------------------	-----------------------------------	-------------

Committee Member Name (Print)	Committee Member Signature	Date
--------------------------------------	-----------------------------------	-------------

Committee Member Name (Print)	Committee Member Signature	Date
--------------------------------------	-----------------------------------	-------------

Committee Member Name (Print)	Committee Member Signature	Date
--------------------------------------	-----------------------------------	-------------

Committee Member Name (Print)	Committee Member Signature	Date
--------------------------------------	-----------------------------------	-------------

Graduate School Representative Name (Print)	Graduate School Representative Signature	Date
--	---	-------------

Graduate Program Director Name (Print)	Graduate Program Director Signature	Date
---	--	-------------

APPROVED:

Graduate Dean	Date
----------------------	-------------

Not Accepted for Submission