UNIVERSITY OF NEVADA, RENO

GRADUATE SCHOOL

ADVISORY-EXAMINING COMMITTEE/PROGRAM OF STUDY

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

Name: NSHE **#:** **Degree:**

Program: **Thesis☐** **Non Thesis☐** **Total credits required:**

Does your Thesis/Dissertation research involve the following: (this Section must be completed before form submission)

Human Subjects: ☐ Yes ☐ No Vertebrate Animals: ☐ Yes ☐ No Biohazardous Materials: ☐ Yes ☐ No Radioisotopes: ☐ Yes ☐ No

Student Signature:

Student Email Address: **Student Phone #:** **( )**

DEPT/ COURSE #	CREDIT #	COURSE TITLE	GRADE	SEM/ YR	COMMENTS (Office use only)

ADVISORY-EXAMINING COMMITTEE: (Please see instruction page for committee requirements)

(Type each name under signature)

_____ Date _____
Committee Chair:

_____ Date _____
Member:

_____ Date _____
Member:

_____ Date _____
Graduate Director:

_____ Date _____
Member:

_____ Date _____
Member:

_____ Date _____
Graduate School Representative:

_____ Date _____
Graduate Dean: