



NMSU Graduate School
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Graduate School Use Only Sent and Processed by: _____ Date: _____

Professional Doctorate Examination Form

This form must reach the office of Graduate School at least 10 working days before the date of the exam. Otherwise the exam may be canceled by Graduate School. Email completed form to grad-degrees@nmsu.edu.

Last Name:	First Name:
Banner ID:	Program: DNP DED EDD
Phone:	E-Mail:

Please check which exam you are taking: Oral Comprehensive Final Oral Defense

Date of Exam: **Time of Exam:** **Location of Exam:**

Committee Members:

Advisor or Chair of Committee is listed as first member. If you have co-chairs, please put co-chair after name.

Name of Committee Member	Grad Faculty Term Expiration	Committee Member Email
1.		
2.		
3.		
Member from Minor or Related Area (If needed)		Email of Minor or Related Area (If needed)
4.		
Dean's Representative:	Department:	Email of Dean's Representative
5.		

Approval Signatures:

Date:

1. Student's Advisor:	
2. Minor Faculty:	
3. Student:	
4. Department Head:	
5. Graduate School:	