



REPORT OF THE DOCTORAL PRELIMINARY EXAMINATION

NAME OF STUDENT _____ STUDENT ID: _____

DEPARTMENT _____ FIELD _____

ACTION OF COMMITTEE: (Check one)

DATE _____

PASS FAIL

Printed Name

Signature

Chair

When the committee action is to pass, any committee member who votes to fail should sign this report as a complete record of the examination and note the negative vote beside the signature.

COMMITTEE ACTION: SIGN ABOVE LINE

AGREE TO RE-EXAMINATION: SIGN BELOW LINE

In case of failure, the student may be granted one re-examination upon the recommendation of the Committee and with the approval of the Dean of the Graduate School. The date set must be not earlier than three months after the first examination.

The Committee recommends that _____ be allowed to take a re-examination in the above field.

Printed Name

Signature

Chair

(The Chairman of the examining committee, who will usually be the person in charge of the student's research, should take the initiative in reporting the success or failure of the student on his preliminary examination.)

Before submitting this form to the Graduate School please make sure the following items are in compliance:

- The Committee was approved by the Graduate School at least 1 month prior to the exam.
The Committee that has signed the form matches the approved committee listed in the student's record.
All signatures on the form are original signatures.
The remote participant has signed and submitted the remote participation document.
Student is registered for term at the time of the exam.
The Action of Committee has been filled in.
The Date of the Examination has been filled in.

Date:

Signature: Director of Graduate Studies