

Instructions: Complete Sections I and II, obtaining the appropriate signature in Section III. When the preliminary examination has been scored, the examiners should complete Section IV and the department/graduate chair should apply her/his signature. Finally, submit the form to the dean's office of your school/college.

SECTION I: STUDENT INFORMATION

Name (Last, First, Middle)		TUid	
Current Mailing Address			
Home Telephone () -		E-mail	
School/College		Program	

SECTION II: STUDENT REQUEST TO SIT FOR PRELIMINARY EXAMINATION

I hereby make application for the preliminary examination for the degree of: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> D.M.A.			
All required coursework of _____ credits <input type="checkbox"/> has been completed <input type="checkbox"/> will be completed by _____ / _____ / _____ . <small>MONTH DAY YEAR</small>			
Language examinations <input type="checkbox"/> are <input type="checkbox"/> are not required. If required,			
1. Language exam passed in _____ on _____ / _____ / _____ . <small>MONTH DAY YEAR</small>			
2. Language exam passed in _____ on _____ / _____ / _____ . <small>MONTH DAY YEAR</small>			
Signature of Student			Date / /

SECTION III: APPROVAL SIGNATURE FOR STUDENT TO SIT FOR PRELIMINARY EXAMINATION

Department/Graduate Chair	Campus Telephone	E-mail	Date / /
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SECTION IV: REPORT ON PRELIMINARY EXAMINATION RESULTS

Date of Examination / /	Nature of Examination <input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Other: _____
The Department of _____ certifies that the student named herein:	
<input type="checkbox"/> passed the Preliminary Examination. <input type="checkbox"/> failed the Preliminary Examination for the first time and should be given another opportunity to pass. <input type="checkbox"/> failed the Preliminary Examination for the second time and must be dismissed.	
Signature of Examiner	Signature of Examiner
Signature of Examiner	Signature of Examiner
Signature of Examiner	Signature of Examiner
Signature of Department/Graduate Chair	Date / /