



# Preliminary Examination Report

Return completed, form to:  
School/College Office

## STUDENT INFORMATION

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Name \_\_\_\_\_  
Last First M.I.

I hereby make application for the preliminary examination for the degree of

☐ Doctor of Philosophy      ☐ Doctor of Education      ☐ Doctor of Musical Arts

Program \_\_\_\_\_ Department \_\_\_\_\_ School/College \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All required coursework of \_\_\_\_\_ credits ☐ has been completed ☐ will be completed by \_\_\_\_/\_\_\_\_/\_\_\_\_

Language Exams Required? ☐ Yes ☐ No

Language exam(s) passed: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Language exam(s) passed: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

## Approved to Sit for Preliminary Examination

Approved by Department Chair \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by School/College Dean or Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Report on Preliminary Examination Results

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of Examination (oral; written; time devoted; etc.)

The Department of \_\_\_\_\_ certifies that the student named above

- ☐ passed the Preliminary Examination  
☐ failed the Preliminary Examination and should be given another chance to pass  
☐ failed the Preliminary Examination and should not be given another chance to pass

Examiners' Signatures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature for the Department \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_