STATE UNIVERSITY OF NEW YORK AT STONY BROOK

DEPARTMENT OF APPLIED MATHEMATICS AND STATISTICS

Doctoral Preliminary Exam Signature Page

Name: _____

ID #:_____ Track:_____

Date of Exam: _____

We, the oral examination committee for the above student, hereby recommend that he/she be advanced to candidacy. (Please type each committee member's name and title, prior to the space for his/her signature.)

Advisor: *Name*, *title*, *signature*

Committee Chair: Name, title, signature

Committee Member: *Name, title, signature*

(Optional) Committee Member: Name, title, signature

(Optional) Committee Member: Name, title, signature

The committee has also evaluated the report for proficiency in technical writing:*

If "unsatisfactory" a revised must be submitted for re-evaluation by:

Revision Due Date: _____

* *Note:* The candidate cannot pass the exam if his/her English writing is deemed unsatisfactory; a revision may be submitted by the date given above. If the revised report satisfies the committee and/or the committee chair, the chair should inform the Graduate Program office, and the candidate will pass. A second revision will not be accepted.

The committee is encouraged to use the reverse side of the form for comments.