

PRELIMINARY EXAM

Date: _____

Student Name: _____

The above named student completed their preliminary exam on _____.

The results, as approved by the Graduate Program Faculty are as follows:

passed exam

conditional pass with the following requirements:

failed exam

Head of Preliminary Exam Committee Signature

Approved:

Graduate Program Director Signature

For students with a conditional pass:

The above named student has fulfilled the requirements described above.

Approved:

Graduate Program Director Signature