

**DOCTORAL PRELIMINARY EXAMINATION REPORT**

**Student Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Field:** \_\_\_\_\_

**Action of Committee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

_____ Chair _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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**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.**



***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.**

_____ Chair _____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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*(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.)*