Office of Graduate and Professional Studies



PRELIMINARY EXAMINATION CHECKLIST

The student is responsible for completing this checklist before the preliminary exam is scheduled. This checklist must accompany the report of the exam results (using the Office of Graduate and Professional Studies (OGAPS) form, "Report of Preliminary Exam"). The student should initial each appropriate blank indicating that the specified criterion has been satisfied, or where appropriate, been waived. Failure to satisfy the listed criteria will result in the given exam being disallowed in which case it will need to be retaken.

Student's Signature:	UIN:		
Type or Print Name: Please initial each statement in the s			
1 Registered for semester o	r 5-week term during which the exam on the student must have been registered	·	
2 Student has an approved Studies.	ed degree plan on file with the Office of Graduate and Professional		
or equal to 3.000 as indic	rses since beginning graduate work at T cated in the degree evaluation in Howo in a graduate program but does not inc	ly. (Includes 300 and 400	
	the degree plan (excluding transfer c d in the degree evaluation in Howdy.	ourses) is greater than or	
	have determined the format, schedul am/s or found a substitute. Only one substitute that.		
	er in which the exam is given, there are n degree plan. (Does not include 691s)	e no more than 6 hours of	
If no, waiver approved by I	Department Head:		
Approved:			
Sign:	Sign:		
Advisory Committee Chair Print/type Name:	Department Head OR Intercollegiate Faculty Chair Print /type Name:	Date:	

Office of Graduate and Professional Studies



Report of the Preliminary Examination

The undersigned duly appointed examining comm	nittee has conducted the preliminary examination of
	. We have examined the candidate for a dequate knowledge of the literature in these fields, d the appropriate methodological approaches.
Record of Vote for Pass or Failure: (Votes are vote by all members of the graduate committee w	to be tallied, e.g., 3 pass; 1 no pass. A positive ith at most one dissenting vote is required to pass.)
Number of Pass Votes	Number of No Pass Votes
member dissenting, (does) (does not)* 1 examination, when adequate time has be inadequacies emerging from this examinated document and communicate the time-framexam that was not passed.	mination committee, with no more than one recommend that this student be given one recen given to permit the student to address the mination. The examination committee will me and feedback within 10 working days of the the inappropriate words.
· ·	ion was conducted by (please indicate one):
The formally appointed Advisory Committee An alternately appointed Examination Comm Signature: Type/Print Name: Signature: Type/Print Name:	Chair (advisory or examination committee) Co-Chair or Member
Signature: Type/Print Name:	_ Member (advisory or examination committee)
Signature: Type/Print Name:	Member (advisory or examination committee)
Signature: Type/Print Name:	Member (advisory or examination committee)
Signature: Type/Print Name:	Member (advisory or examination committee)
Please sign AND print your name:	Substitute for
	Yes No Yes No Yes No