Preliminary Examination Report
Th.D. Program

Committee Chair: *Please submit the completed report to the Th.D. director*

Name of Student _____ **Date of Defense** _____

Committee Action:	**Pass**	**Fail**	
Primary Area Exam	____	____	
Secondary Area Exam	____	____	
Dissertation Exam	____	____	
Additional Exam (if applicable)	____	____	Exam Title: _____

PRINTED NAME	**SIGNATURE**	
_____	_____	(Chair)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

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.

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Upon the recommendation of the committee, and with the approval of the Th.D. Oversight Committee, the student may be granted one reexamination on up to two failed exams. The date of this reexamination must be at least three months after the initial oral defense. Students who fail three or more of their written exams, or who fail any exam a second time, will be dismissed from the program.

The committee recommends that the student be allowed a reexamination.

PRINTED NAME	**SIGNATURE**	
_____	_____	(Chair)
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Approved by:

Director of the Th.D. Program _____ Date _____
(for the Th.D. Oversight Committee)

Assoc. Dean for Academic Formation _____ Date _____

Updated 8/2016