



GRADUATE SCHOOL
1005 Campus Delivery
Fort Collins, Colorado 80523-1005

Report of Preliminary Examination for the Ph.D. Degree

Student's Name _____ CSU I.D. Number _____

Department _____ This is a: _____ First preliminary examination

Program Code _____ _____ Second preliminary examination following an unsuccessful first attempt.

Date on which examination occurred: _____
For multi-part examinations, this date refers to the final part only.
Date on which examination was graded (if different than the date above): _____

It is the student's responsibility to submit this form to the Graduate School Office within TWO WORKING days after the results of the examination are known.

Results of the examination: _____ PASS _____ FAIL

Committee members voting to PASS (Please print name next to signatures)	Committee members voting to FAIL (Please print name next to signatures)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Advisor (committee chair)	Advisor (committee chair)

Department Head Signature

Date

If, following failure of a first examination, a second is to be permitted, please list the conditions that must be met beforehand: _____

