Ph.D. Preliminary Exams Form
(to be filled out by the Ph.D. Supervising Committee)

Candidate Name: _________________________

I. UNIT REQUIREMENTS:
Are all unit requirements specified in the GSAS Academic Rules met?
Yes □ No □

II. LANGUAGES AND SKILLS
Requirements_______________________________________________________________
Completion Date(s) _________________________________________________________

III. PRELIMINARY EXAMINATIONS
Subject: _____________________________ Exam Passing Date: ________________
Subject: _____________________________ Exam Passing Date: ________________
Subject: _____________________________ Exam Passing Date: ________________
Subject: _____________________________ Exam Passing Date: ________________
IV. Oral

Vote of Examiners: Satisfactory □  Partially Satisfactory □  Unsatisfactory □

If Partially Satisfactory, indicate clearly what work needs to be done to remedy the deficiency. If necessary, attach explanatory notes or instructions.

Name of Dissertation Director: ______________________________________________________
Signature:_____________________________  Date __________________

Name of Supervising Committee member: ____________________________________________
Signature:_____________________________  Date __________________

Name of Supervising Committee member: ____________________________________________
Signature:_____________________________  Date __________________

Name of Supervising Committee member: ____________________________________________
Signature:_____________________________  Date __________________

This examination was conducted according to specified procedures of the Graduate School of Arts and Sciences

Name of Outside Chair of the Supervising Committee: ________________________________
Signature:_____________________________  Date __________________

In the event of deficiencies in the Preliminary Examinations, the outside chair should sign below when the deficiencies have been made up.

Signature:_____________________________  Date __________________