



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 _____