

Name of Candidate: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

List Members of Preliminary Examination Committee: (NOTE: Must be Graduate Faculty Members)

\_\_\_\_\_ (Chairman)  
\_\_\_\_\_  
\_\_\_\_\_

**Program Recommendation:**  Advancement recommended  Advancement not recommended\*

\*Required Action if not recommended: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

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To Be Completed by Program Director if applicable:

Requirements met for concentration in: \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

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COMPLETED BY GRADUATE SCHOOL:

- |  |  |
|--|--|
| <input type="checkbox"/> Advance to Candidacy Approved     | <input type="checkbox"/> Transcript checked for GPA _____              |
| <input type="checkbox"/> Advance to Candidacy Not Approved | <input type="checkbox"/> Required Courses Taken                        |
| Action Required: _____                                     | <input type="checkbox"/> Milestone Added for Preliminary Exam          |
| _____  | <input type="checkbox"/> Copy Returned to Program Director and Student |

Signatures:

Director of Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_