

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)

Advisor (committee chair)

Committee members voting to **FAIL**
(Please print name next to signatures)

Advisor (committee chair)

_ Department Head or Director Signature

Date

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