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SAMPLE FORM BELOW

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

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

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): __________________________________

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)

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:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SAMPLE ONLY