



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

REPORT OF MASTERAL/DOCTORAL PRELIMINARY EXAMINATION

Name of Student: _____ Degree Program: _____

Date of Exam: _____

| SUBJECT AREA | EXAMINATION PANEL | SCORE | RATING |
|--------------|-------------------|-------|--------|
| | | | |

Decision of Examination Committee: PASSED FAILED

REMARKS: _____

Submitted by:

Deputy Director for Academic Affairs /
Chairman, Examination Panel

Chair, Graduate Committee

Date: _____

Date: _____