

ID# _____

PRELIMINARY EXAMINATION SCHEDULING FORM

Candidate _____ Dept./Program _____

This form must be returned to the Graduate School at least 10 working days prior to the examination date. The student must be enrolled for the required number of hours the semester the examination is to be taken, and must have a program of study that has been approved by the Graduate School.

In the case of a second examination, the examination date must be at least three months after the failed preliminary examination.

The candidate's doctoral committee requests preliminary examinations be scheduled. The undersigned approve the date, time, and place for the examination.

Doctoral Committee:

Signatures

_____ Chair

Major: _____

Minor: _____

This exam will be held via: **Single Campus** _____, **WHETS** _____, **Video Conference** _____,

(Please provide an address for the committee attending away from WSU campus.)

Other

(“Other” requires approval by the Graduate School)

The major and/or minor examination shall consist of: (check one or both)

_____ Written Examination (Major) _____
(Time) (Date) (Place)

_____ Written Examination (Minor) _____
(Time) (Date) (Place)

_____ Oral Examination _____
(Time) (Date) (Place)

(Signature, Chair, Major Department)

(Signature, Chair, Minor Department)

If written examination, only, is given, discussion and ballot meeting will be held at:

_____ (Time) (Date) (Place)

Office Use Only

Transcript

Grades

Coursework

Enrolled

Committee
