



**BOWLING GREEN STATE UNIVERSITY**  
Graduate College

**SAMPLE PRELIMINARY EXAMINATION REPORT**  
*(For doctoral students only)*

---

First name: STUDENT FIRST NAME Last name: STUDENT LAST NAME BGSU ID: 1234567890

Field of Study: FIELD OF STUDY Planned Graduation Date: December 2018

---

Date of Written Examination: 10/10/2017 Date of Oral Examination: 10/11/2017

Passed  Failed Reexamination Date: \_\_\_\_\_

---

Committee Chair *COMMITTEE CHAIR SIGNATURE HERE*  
*(name and ID will autopopulate)* Member *COMMITTEE MEMBER SIGNATURE HERE*  
*(name and ID will autopopulate)*

Member *COMMITTEE MEMBER SIGNATURE HERE*  
*(name and ID will autopopulate)* Member *COMMITTEE MEMBER SIGNATURE HERE*  
*(name and ID will autopopulate)*

Member *COMMITTEE MEMBER SIGNATURE HERE*  
*(name and ID will autopopulate)* Graduate Faculty Representative  
*GRADUATE FACULTY REP SIGNATURE HERE*  
*(name and ID will autopopulate)*

---

**Graduate Coordinator:** GRAD COORDINATOR SIGNATURE HERE

*The signature of the graduate program coordinator indicates that appropriate policies and procedures have been followed.*

**Graduate College:** GRADUATE COLLEGE SIGNATURE HERE

*The signature of the Graduate College indicates that the preliminary exam has been recorded as listed above.*

---