**EXAMINATION SCHEDULE**

**SCHOOL OF MEDIA and COMMUNICATION**

**DOCTORAL PRELIMINARY EXAM**

## Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adviser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OTHER FORMS ARE REQUIRED FOR SCHOOL AND GRADUATE COLLEGE OFFICES.

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Faculty/Testers: If faculty member is providing two questions, list that person twice. List course or area of test and time allotted for each question.

**Faculty:** **Question Type**: Methods, Cognate, Theory,

 Primary area of interest, Secondary area of interest

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Name of Graduate Representative Information (dept., email, office address, phone number)

*Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Office Phone*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bgsu.edu *Office Location*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty are given approximately 2 weeks to grade test. Completed evaluator forms will be sent from the School office once they have been received from committee members.