SAMPLE PRELIMINARY EXAMINATION REPORT
(For doctoral students only)

First name: ______________________  Last name: ____________________________  BGSU ID:   _________________

Field of Study: __________________________________________ Planned Graduation Date: ____________________

Date of Written Examination: _____________________    Date of Oral Examination: _______________________

☐ Passed     ☐ Failed     Reexamination Date: ___________________________

Committee Chair
(name and ID will autopopulate)

Member
(name and ID will autopopulate)

Member
(name and ID will autopopulate)

Member
(name and ID will autopopulate)

Graduate Faculty Representative
(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.

G R A D U A T E   C O L L E G E