



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.
