Results of Ph.D. Preliminary Examination

PART 1: STUDENT INFORMATION

Last Name	First Name	M	ID#	Degree		
Telephone			College			
E-mail address			Program/Department			
Student Signature			Date			
The above	POLICY REQUIREMENTS FO named student has met any additiona on to doctoral candidacy.					
0	Degree Plan was submitted to the	Graduate	School:			
0	Theoretical Course Title:					
0	Ph.D. Committee Formed on:					
0	Other Relevant Courses:					
0	Overall GPA:					
0	Number of publications till date: _					
0	Oral presentation Title:					
0	o Successfully completed the oral examination of			n(mm/dd/yyyy)		
0	Comments:					
PART 3: A	APPROVALS: Student has comp	oleted all l	PhD Qualifying	Examination Require	ments.	
Name			Signature			
Dissertation Chai	r (MUST be a CSE tenured/tenure-track faculty)				Date	
Co-Major Profess	or or Committee Member				Date	
Committee Membe	er				Date	
Committee Membe	er				Date	
Graduate Program	m Director/Department Chair				Date	
Dean, Graduate S	ichool				Date	

cc: Graduate School Updated: 2.16.2015