

DOCTORAL QUALIFYING (PRELIMINARY) EXAMINATION

(revised 6/2018)

Student Name: _____ WVUID#: _____

Graduate Program: _____ Examination Date: _____

This is to certify that the student named above, a student in the graduate program listed above, completed the Doctoral Qualifying (Preliminary) Examination(s) as follows:

- Approved Failed

The committee listed below is:

- an examination committee (this includes advisory committee minus advisor)
- the student's research advisory (dissertation) committee

Signatures of Committee:

Names of Committee Members (typed)

_____ (Chair)

Note: Once committee and/or program director signatures (if applicable) have been obtained, please submit this form to the Office of Research and Graduate Education. This original document will be placed in the student's permanent file (in this office), and an electronic version will be uploaded and made available to program directors and advisors on a secure file-sharing network (i.e. SOLE).

Office Use Only		
Date received _____; Initials _____	Entered in database <input type="checkbox"/> ; Date _____	Uploaded to SOLE <input type="checkbox"/> ; Date _____