



PRELIMINARY EXAMINATION CHECKLIST

The student is responsible for completing this checklist before the preliminary exam is scheduled. This checklist must accompany the report of the exam results (using the Office of Graduate and Professional Studies (OGAPS) form, "Report of Preliminary Exam"). The student should initial each appropriate blank indicating that the specified criterion has been satisfied, or where appropriate, been waived. Failure to satisfy the listed criteria will result in the given exam being disallowed in which case it will need to be retaken.

Student's Signature: _____ UIN: _____

Type or Print Name: _____

Please initial each statement in the space provided below:

1. _____ Registered for semester or 5-week term during which the exam occurs. (If the entire exam is between semesters, then the student must have been registered for the preceding term.)
2. _____ Student has an approved degree plan on file with the Office of Graduate and Professional Studies.
3. _____ GPR over all eligible courses since beginning graduate work at Texas A&M is greater than or equal to 3.000 as indicated in the degree evaluation in Howdy. (Includes 300 and 400 level courses taken while in a graduate program but does not include transfer courses.)
4. _____ GPR over all courses on the degree plan (excluding transfer courses) is greater than or equal to 3.000 as indicated in the degree evaluation in Howdy.
5. _____ All committee members have determined the format, scheduled, and agreed to attend and/or administer the exam/s or found a substitute. Only one substitute is allowed; there may not be a substitute for the chair.
6. _____ At the end of the semester in which the exam is given, there are no more than 6 hours of course work remaining on degree plan. (Does not include 691s)

If no, waiver approved by Department Head: _____

Approved:

Sign: _____ Sign: _____ _____

Advisory Committee Chair
Print/type Name:

Department Head OR
Intercollegiate Faculty Chair Print
/type Name:

Date:



Report of the Preliminary Examination

The undersigned duly appointed examining committee has conducted the preliminary examination of _____ Insert Student Name _____ Insert UIN. We have examined the candidate for a mastery of all fields in the program and for an adequate knowledge of the literature in these fields, and an understanding of the research problem and the appropriate methodological approaches.

Record of Vote for Pass or Failure: (*Votes are to be tallied, e.g., 3 pass; 1 no pass. A positive vote by all members of the graduate committee with at most one dissentation is required to pass.*)

_____ Number of Pass Votes _____ Number of No Pass Votes

If the exam was not passed: The committee, with no more than one member dissenting, **(does) (does not)*** recommend that this student be given one re-examination, when adequate time has been given to permit the student to address the inadequacies emerging from this examination. The examination committee will document and communicate the time-frame and feedback within 10 working days of the exam that was not passed.

** Please strike through the inappropriate words.*

Date: _____

Signature: _____ **Chair**
Type/Print Name:

Signature: _____ **Co-Chair or Member**
Type/Print Name:

Signature: _____ **Member**
Type/Print Name:

Signature: _____ **Member**
Type/Print Name:

Signature: _____ **Member**
Type/Print Name:

Signature: _____ **Member**
Type/Print Name:

_____ **Substitute for** _____

Please sign AND print your name:

In compliance with the Texas Open Records Law, the student will be allowed to review this form upon written request.

PLEASE MAKE A COPY FOR YOUR RECORDS AND RETURN ORIGINAL TO THE OFFICE OF GRADUATE AND PROFESSIONAL STUDIES

FOR OFFICE OF GRADUATE AND PROFESSIONALS STUDIES USE ONLY		
1. Residence requirement complete:	Yes _____	No _____
2. Research proposal approved:	Yes _____	No _____
3. Formal course work completed:	Yes _____	No _____
4. Other course work remaining:		
May be admitted to candidacy upon completion of item(s):		