



*Doctoral Preliminary Exam Completion Certificate*

Student Name: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Student Email: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

GWID: \_\_\_\_\_

Preliminary Exam Date: \_\_\_\_\_

Department: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Doctoral Coursework Hours Completed: \_\_\_\_\_

**Examining Committee Members:**

1. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Chair of Committee*

2. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

5. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recommendation:**

Passed: \_\_\_\_\_ Recessed: \_\_\_\_\_ Failed: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_