

REQUEST FOR DOCTORAL PRELIMINARY EXAMINATION DATES

Name:	Date:
The student should indicate requested cand submit this form to their Director or and no less than three months prior to, t	lates below (preferably during fall or spring semesters) f Graduate Studies (or designee) the semester before, the requested dates.
 All provisions, deficiencies, or spadmittance to the degree prograte. All competencies must be satisfied. The residency requirement must. The research competency must be the coursework must. DMA Students must have satisfied. 	ed (including language if required). be satisfied.
REQUESTED WRITTEN EXAM DATES	
Day 1 Da	y 2 Day 3
TENTATIVE ORAL EXAM	(to be finalized after completion of written exam)
Date Tin	me Location
For office use only	
Date request received:	Date committee notified:
Date writ exam due from DAC:	Date evals due: