

REQUEST FOR DOCTORAL PRELIMINARY EXAMINATION DATES

Name:	Date:
Degree and Concentration:	
The student should indicate requested dates below (preferably during fall or spring semesters) and submit this form to their Director of Graduate Studies (or designee) the semester before, and no less than three months prior to, the requested dates.	
 The Preliminary Examination may be taken when stipulations outlined below: All provisions, deficiencies, or special coradmittance to the degree program must be All competencies must be satisfied (included The residency requirement must be satisfied). The research competency must be satisfied. Two-thirds of the coursework must have DMA Students must have satisfactorily possible. PhD students must have passed the research. 	nditions that may have been attached to be removed. ding language if required). died. ed. been satisfactorily completed. erformed two dissertation recitals.
REQUESTED WRITTEN EXAM DATES (select your program)	
<u>DMA</u>	<u>PhD</u>
Day 1	Start Date
Day 2	End Date
Day 3 The DMA written exam portion is completed in-person over the duration of three days within the 5 day business week	The PhD written exam portion is completed via take-home with an approximate duration of four weeks
TENTATIVE ORAL EXAM (to be finalized after completion of written exam)	
Date Time	Location
For office use only	
Date request received:	Date committee notified:
Date writ exam due from DAC:	Date evals due: