Report on WRITTEN Preliminary Examination for the Degree of Doctor of Philosophy

Name of Student: __________________________

Date of Examination Completed: __________________

Findings of the Advisory Committee:

The advisory committee hereby unanimously certify that the above-name student has unconditionally passed the written preliminary examination and meets the criteria to proceed with the oral preliminary examination.

__________________________________________

For the Committee ___________________ Date ____________

The advisory committee hereby certify that the above-name student has conditionally passed the written preliminary examination and is not recommended to proceed with the oral preliminary exam until the conditions set forth below have been fulfilled.

Conditions: ____________________________________________________________

________________________________________________________________________

For the Committee ___________________ Date ____________

The advisory committee hereby certify that the above-named student failed the written preliminary examination.

Recommendation: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

For the Committee ___________________ Date ____________

(OVER)
Optional Comments of the Advisory Committee: (e.g. the student’s mastery of subject matter and bibliography, the student’s power of interpretation, the student’s mastery of work taken elsewhere for which transfer of credit has been granted, etc.):

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________

Signatures of the Advisory Committee:

Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date
Signature  Printed name  Date

______________________________________ is hereby given permission to schedule/take the preliminary oral examination with a major in MARINE, EARTH, and ATMOSPHERIC SCIENCES.

_____________________________  ___________________  _______
Director of Graduate Programs, MEAS  Date