



Graduate School

## Application for the Doctoral Preliminary Examination(s)

SECTION I. To be completed by the Doctoral Student				
Name	First	M.I.	Last	Student I.D. Number
				Doctoral Program
Mailing Address	Number	Street		Telephone
City	State		Zip Code	E-Mail

**SECTION II. To be completed by the Major Professor and authorized Graduate Program Representative or Department Chair. Complete this section and return the form to Graduate School - Student Services at least three weeks before the exam. The committee must have at least three members with current UWM Graduate Faculty status.**

Print names of committee members	Signatures
Major Professor _____	Major Professor _____
Professor _____	_____
Professor _____	Authorized Graduate Program Representative or Department Chair _____
Professor _____	_____
Professor _____	
Month/year of examination (If more than one exam, list month/year of last exam) _____	

### SECTION III. Warrant Authorizing the Preliminary Examination (to be completed by the Graduate School)

This student is in good standing, the committee is approved, and the student is authorized to take the Doctoral Preliminary Examination.  
 Evaluated by: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION IV. Exam Results (to be completed by the committee and the authorized Graduate Program Representative or Department Chair)

When the student has taken the Doctoral Preliminary Examination(s), complete this section and return the form to the Graduate School.

\_\_\_\_\_  The student has **passed** the examination(s) and is recommended for admission to Doctoral Candidacy

\_\_\_\_\_  The student has **failed** the examination(s). The student has been informed of the program's regulations regarding re-taking the examination(s).

**Signatures**

Major Professor \_\_\_\_\_ Professor \_\_\_\_\_

Professor \_\_\_\_\_ Professor \_\_\_\_\_

Professor \_\_\_\_\_

Authorized Program Representative or Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION V. Graduate School Action

Doctoral Candidacy Approved  Doctoral Candidacy Not Approved

\_\_\_\_\_ PACT Code: \_\_\_\_\_

Authorized Graduate School Representative \_\_\_\_\_ Date \_\_\_\_\_