Results of Ph.D. Preliminary Examination

PART 1: STUDENT INFORMATION

Last Name	First Name	М	ID#	Degree		
Telephone			College			
E-mail address			Program/Departmen			
Student Signature			Date			
The above	POLICY REQUIREMENTS FOR A named student has met any additional Coron to doctoral candidacy.					
0	Degree Plan was submitted to the Grad	luate	School:			
0	Theoretical Course Title:					
0	Ph.D. Committee Formed on:					
0	Other Relevant Courses:					
0						
0						
0	Oral presentation Title:					
0	o Successfully completed the oral examination of			1(mm/dd/yyyy)		
0	Comments:					
	APPROVALS: Student has completed	all l		g Examination Requirement	nts.	
Name			Signature			
Major Professor (MUST be a CSE tenured/tenure-track faculty)				Date	
Committee Member	er			·	Date	
Committee Membe	er				Date	
Committee Member	er				Date	
Committee Memb	er				Date	
Associate Chair o	f Graduate School			·	Date	

CC: Graduate School Updated: 2.15.2023