

241 Mossman Building
1202 Spring Garden Street
Greensboro NC 27412
336.334.5596 Phone
336.256.0109 Fax



RESULTS OF DOCTORAL PRELIMINARY EXAMINATIONS

TO: The Graduate School

FROM: _____

(Candidate's Committee Chair)

SCHOOL/DEPARTMENT: _____

DATE: _____

RE: Results of Doctoral Preliminary Examinations

Degree Candidate: _____

Student ID Number: _____

Degree: _____

Major: _____

Date of Written
Examination: _____

Competency Rating:

Pass

Fail

Date of Oral
Examination: _____

Competency Rating:

Pass

Fail

Comments: