
Oral Preliminary Examination for Computer Science

DEPARTMENT/PROGRAM: Computer Science

STUDENT'S NAME: _____ BANNER ID#: _____

This is to certify that we have administered an oral **preliminary examination** to the student named above for the degree of **Doctor of Philosophy** and that the student received a **passing** grade.

EXAM DATE: _____

FIELDS EXAMINED [optional]: _____

COMMENTS:

Date: _____

_____ Chair of Examining Committee (Print Name)	_____ (Signature)
_____ Committee Member (Print Name)	_____ (Signature)
_____ Committee Member (Print Name)	_____ (Signature)
_____ Committee Member (Print Name)	_____ (Signature)
_____ Committee Member (Print Name)	_____ (Signature)

Examination will be noted on transcript.

Distribution: Original only to the Dean of Graduate Studies and Research