

PRELIMINARY EXAMINATION PLAN

The student and advisor should check the Graduate School to make sure all forms are filed. This form should be submitted to the Graduate Director by the end of the third week of the preliminary exam semester, and no later than two weeks before the two-week exam period.

Name of Student (please type): _____

Advisor name (please type): _____

Committee member names and department if not Communication (please type):

A preliminary examination must involve 18 hours and provide acceptable evidence to assure the following: (a) knowledge of the focus area, (b) appropriate knowledge of communication outside the focus area, and (c) methodological competence to conduct independent research.

Description of testing methods, breakdown of hours, expected product (including approximate number of pages to be produced), and procedures. The plan should provide clear directions about any resources permitted or not permitted as well as time frames or other detailed instructions (attach pages as necessary).

Date of Beginning of Exam Period _____

Date of Ending of Exam Period _____

Date and time of Oral Defense _____

Signatures:

Acknowledged: Student _____ date _____

Approved:

Advisor: _____ date _____

Committee Member: _____ date _____

Committee Member: _____ date _____

Committee Member: _____ date _____

Committee Member: _____ date _____

Accepted and Filed:

Graduate Director: _____ date _____

RESULTS OF PRELIMINARY EXAM ORAL DEFENSE

Date_____

Name of Student_____

A passing exam requires approval to all questions by all members.

Element One— Student displays adequate knowledge in theme area

	Approved	Denied
Advisor	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____

Element Two— Student displays adequate knowledge of Communication outside theme area

	Approved	Denied
Advisor	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____

Element Three— Student displays competency in method to conduct independent research

	Approved	Denied
Advisor	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____
Member	_____	_____

Acknowledged, Graduate Director_____date_____