

DEPARTMENT OF MATHEMATICAL SCIENCES
PHD PRELIMINARY EXAM FORM
(Version of March 2016)

Name of Student (print): _____ ID: _____

Exam Committee Chair (print): _____

(You need to choose a Committee Chair to handle the online procedure; anyone from the Exam Committee can be the Chair.)

Notes: Three graduate faculty members, representing three (3) different fields from these five (5) fields: algebra, analysis, applied mathematics, probability and statistics, and topology, are required. **The Associate Chair for Graduate Study must approve both the selected fields and the exam committee members before the exam.**

Committee Members:

1. Name (print): _____ Signature: _____

2. Name (print): _____ Signature: _____

3. Name (print): _____ Signature: _____

Passed: _____

Failed: _____ The student has been informed of the program's regulations regarding re-taking the exam. Recommendation of the Exam Committee:

DATE: _____