

HDFS Doctoral Student

REPORT OF PRELIMINARY EXAMINATION

for

Name

Date

I. Committee Members Attending:

_____ (Chairperson)

II. Types of Questions Asked:

III. Performance Level of Student:

IV. Committee Recommendation:

_____ Continuation in Program Recommended

_____ Conditional Continuation Recommended

_____ Continuation in Program Not Recommended

V. Graduate Faculty Action:

_____ Continuation in Program Recommended

_____ Conditional Continuation Recommended

_____ Continuation in Program Not Recommended

VI. Approved:

_____ HDFS Graduate Program Director

