



**UNC  
GREENSBORO**  
The Graduate School

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## Results of Doctoral Preliminary Examinations

To: The Vice Provost and Dean of The Graduate School

From: \_\_\_\_\_  
Print Name of Candidate's Committee Chair or Committee Co-Chairs

School/Department: \_\_\_\_\_

Date: \_\_\_\_\_

RE: Results of Doctoral Preliminary Examinations

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Degree Candidate: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Date of Written  
Examination: \_\_\_\_\_ Competency Rating: Pass Fail

Date of Oral  
Examination: \_\_\_\_\_ Competency Rating: Pass Fail

Comments:

\_\_\_\_\_ Original Form to Graduate School

\_\_\_\_\_ Copy to Departmental Office/ Director of Graduate Study

Committee Chair: \_\_\_\_\_  
Signature Date