



PHD PRELIMINARY EXAMINATION REPORT

INSTRUCTIONS: The DGSA completes Section 1 and columns 1 and 2 of Section 2 of the report. The Chair of the examination committee receives the examination certificate via email from the DGSA at least 24 hours prior to the scheduled examination. At the conclusion of the examination, the Chair completes columns 3, 4, and, if necessary, 5 of the chart in section 2 and enters his/her full name to confirm the validity of the examination and its outcome. The Chair then emails the form to the DGS of the student's department/program, who completes SECTION 3 and returns it to the DGSA, who submits the form to gradphdprelim@duke.edu. Forms should be received within 5 business days of the examination.

SECTION 1 (Completed by DGSA)

Student Name: _____ Student ID #: _____

Department: _____ Exam Date: _____

SECTION 2 (Columns 3, 4, and, if necessary, 5 to be completed by the Chair of the Committee at the defense/examination.)

Column 1: Committee Member Name	Column 2: Role on Committee	Column 3: In-Person (I) or Remote (R) attendance	Column 4: Individual Vote, Pass (P) or Fail (F)	Column 5: If Fail, Retake Yes (Y) or No (N)

Physical location of student during exam (e.g., at Duke, or in Beijing, etc.): _____

As Chair of the examination committee, I (type full name) _____ attest that all members of the approved committee participated synchronously in the preliminary examination.

ONLY COMPLETE THIS SECTION IN THE CASE OF FAILURE: the student may be granted one re-examination upon the recommendation of the professor supervising the milestone and with the approval of the Dean of the Graduate School. The date set must be between 3 and 6 months after the original examination. I recommend the student be allowed to take a re-examination. Preliminary examination Pass/Fail criteria available in *The Bulletin of the Graduate School*, <https://graduateschool.bulletins.duke.edu/policies/academic/doctoral>.
 Typed Name of Committee Chair: _____

SECTION 3 (Completed by DGS of Student's Department/Program):

DGS APPROVAL OF DEPARTMENTAL REQUIREMENTS: As DGS of the student's department/program, by entering my name below, I certify the recommended outcome of the preliminary examination.

Typed Name of Director of Graduate Studies: _____