Request for Written Preliminary Examination

NAME: __________________________
PUID #: _________________________

1. Completed 200 hours of research
   Date Approved: ___________________

2. Conference Presentation completed
   Date: ___________________________
   Date: ___________________________
   Date: ___________________________

3. Work Sample Completed
   Date Submitted: __________________

4. Research Project/Paper Completed
   Date Submitted: __________________

5. Plan of Study Approved by Graduate School
   Date Submitted: __________________

The doctoral student must have all of the above signed and dated (i.e., completed or submitted) prior to scheduling a date for the written examination.

Advisor's Signature: _______________________

Signature of Preliminary Exam

Committee Chair: ________________________