PRELIMINARY EXAMINATION CHECKLIST

Questions or concerns? Contact OGAPS via email at ogapsprocessing@tamu.edu.

The student is responsible for completing this checklist before the preliminary exam is scheduled. This checklist must accompany the report of the exam results (using the Office of Graduate and Professional Studies (OGAPS) form, “Report of Preliminary Exam”). The student should initial each appropriate blank indicating that the specified criterion has been satisfied, or where appropriate, been waived. Failure to satisfy the listed criteria will result in the given exam being disallowed in which case it will need to be retaken.

Student’s Name: ____________________ UIN: __________________________

Please initial each statement in the space provided below:

1. _____ Registered for semester or 5-week term during which the exam occurs. (If the entire exam is between semesters, then the student must have been registered for the preceding term.)

2. _____ Student has an approved degree plan on file with the Office of Graduate and Professional Studies.

3. _____ GPR over all eligible courses since beginning graduate work at Texas A&M is greater than or equal to 3.000 as indicated in the degree evaluation in Howdy. (Includes 300 and 400 level courses taken while in a graduate program but does not include transfer courses.)

4. _____ GPR over all courses on the degree plan (excluding transfer courses) is greater than or equal to 3.000 as indicated in the degree evaluation in Howdy.

5. _____ All committee members have determined the format, scheduled, and agreed to attend and/or administer the exam/s or found a substitute. Only one substitute is allowed; there may not be a substitute for the chair.

6. _____ At the end of the semester in which the exam is given, there are no more than 6 hours of course work remaining on degree plan. (Does not include 691s)

If no, waiver approved by Department Head: __________________________

Approved:

Advisory Committee Chair Name (print) Advisory Committee Chair Signature Date

Department Head OR Intercollegiate Faculty Chair Name (print) Department Head OR Intercollegiate Faculty Chair Signature Date
Report of the Preliminary Examination

The undersigned duly appointed examining committee has conducted the preliminary examination of __________________. We have examined the candidate for a mastery of all fields in the program and for an adequate knowledge of the literature in these fields, and an understanding of the research problem and the appropriate methodological approaches.

Record of Vote for Pass or Failure: (Votes are to be tallied, e.g., 3 pass; 1 no pass. A positive vote by all members of the graduate committee with at most one dissenting is required to pass.)

_______ Number of Pass Votes  _________ Number of No Pass Votes

If the exam was not passed: The examination committee, with no more than one member dissenting, (does) (does not) recommend that this student be given one re-examination, when adequate time has been given to permit the student to address the inadequacies emerging from this examination. The examination committee will document and communicate the time-frame and feedback within 10 working days of the exam that was not passed.

Date: ________________  This examination was conducted by (please indicate one):

The formally appointed Advisory Committee of the Student

An alternately appointed Examination Committee in the Department

Name: ________________ Signature: ________________  Chair
Name: ________________ Signature: ________________  Co-Chair or Member
Name: ________________ Signature: ________________  Member (advisory or examination committee)
Name: ________________ Signature: ________________  Member (advisory or examination committee)
Name: ________________ Signature: ________________  Member (advisory or examination committee)
Name: ________________ Signature: ________________  Member (advisory or examination committee)
Name: ________________ Signature: ________________  Substitute for ________________

Checked and approved by Graduate Program Assistant (initial): ________________

first check  final check

FOR OFFICE OF GRADUATE AND PROFESSIONALS STUDIES USE ONLY

1. Residence requirement complete: Yes ___  No ___
2. Research proposal approved: Yes ___  No ___
3. Formal course work completed: Yes ___  No ___
4. Other course work remaining: May be admitted to candidacy upon completion of item(s):

In compliance with the Texas Open Records Law, the student will be allowed to review this form upon written request.