PRELIMINARY EXAMINATION APPLICATION
Department of Educational Administration and Higher Education
College of Education and Human Services

Date_____

Name_____ ID#_____

Street Address_____

City, State, Zip_____

Home Phone ( ) _____

Work Phone ( )_____

Email Address _____

Semester and year you wish to take prelims_____

(1) Date of completion of residency_____

(2) Date of completion of research tool _____

(3) Date of completion of College professional seminars (EDUC 590/591)

_____

(4) Date of completion of program core requirements _____

Signed_____ _____
Doctoral Committee Chairman Student

Results of Prelim Exams

1. Program Core_____ Date _____
2. Take Home _____ Date_____

Candidate must have completed Items 1-4 before approval to take Prelims will be granted by the Department Chair.

APPROVED_____ NOT APPROVED_____

_____ _____,
Department Chairperson Date

3/04/04