



# BROWN Graduate School *Forms*

Brown University  
Box 1867  
Providence, RI 02912  
tel: 401 863-2600  
fax: 401 863-7341  
Graduate\_School@brown.edu

## REPORT OF PRELIMINARY EXAMINATION FOR THE PHD

STUDENT NAME: \_\_\_\_\_ SIS ID NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

TYPE OF EXAM:           ORAL EXAM  
  
                                  ORAL PRESENTATION  
  
                                  WRITTEN EXAM  
  
                                  OTHER (specify: \_\_\_\_\_)

The program in \_\_\_\_\_ hereby certifies that in its  
judgment the above student has successfully passed the preliminary examination for the degree of  
Doctor of Philosophy.

COMMENTS:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Study

\_\_\_\_\_  
Date

### RETURN INSTRUCTIONS:

SEND ORIGINAL OF THIS FORM TO THE REGISTRAR (Box K)  
AND ONE COPY TO THE GRADUATE SCHOOL (Box 1867).