

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

Date \_\_\_\_\_

Name \_\_\_\_\_ DAWG # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Candidate must have completed Items 1-5 before obtaining approval to take Prelims

Semester and year you wish to take prelims \_\_\_\_\_

(1) Completion date of research tools \_\_\_\_\_

(2) Completion date of residency \_\_\_\_\_

(3) Completion date for College professional seminars (EDUC 510 plus 511 or 512)

\_\_\_\_\_

(4) Completion date for program core requirements \_\_\_\_\_

(5) Approval date for Program of Study \_\_\_\_\_

\*\*\*\*\* DEPARTMENT ONLY BEYOND THIS POINT \*\*\*\*\*

**Preliminary Examination Request**

Approved \_\_\_\_\_ Denied \_\_\_\_\_  
\_\_\_\_\_ Ph.D. Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

**Results of Preliminary Exams:**

1. Research \_\_\_\_\_ Date \_\_\_\_\_

2. Theory \_\_\_\_\_ Date \_\_\_\_\_

3. Specialty \_\_\_\_\_ Date \_\_\_\_\_