

GRADUATE SCHOOL  
OF ARTS AND SCIENCES  
OF  
BRYN MAWR  
COLLEGE

**Ph.D. Preliminary Exams Form**  
(to be filled out by the Ph.D. Supervising Committee)

**Candidate Name:** \_\_\_\_\_

**I. UNIT REQUIREMENTS:**

Are all unit requirements specified in the GSAS Academic Rules met?

Yes       No

**II. LANGUAGES AND SKILLS**

Requirements \_\_\_\_\_

Completion Date(s) \_\_\_\_\_

**III. PRELIMINARY EXAMINATIONS**

Subject: \_\_\_\_\_ Exam Passing Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Exam Passing Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Exam Passing Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Exam Passing Date: \_\_\_\_\_

**IV. Oral**

**Vote of Examiners:** Satisfactory  Partially Satisfactory  Unsatisfactory

If Partially Satisfactory, indicate clearly what work needs to be done to remedy the deficiency. If necessary, attach explanatory notes or instructions.

Name of Dissertation Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Supervising Committee member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Supervising Committee member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Supervising Committee member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**This examination was conducted according to specified procedures of the Graduate School of Arts and Sciences**

Name of Outside Chair of the Supervising Committee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**In the event of deficiencies in the Preliminary Examinations, the outside chair should sign below when the deficiencies have been made up.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_