Preliminary Examination Registration Form

Please Return This Form to The Graduate School Office (Annenberg 5-206).
Att: Chrissie Kong

Box 1022

Please type

Detailed instructions for the preliminary examination can be found in the Graduate School Student Handbook.

Student ________________________________

Preceptor __________________ Training Area ________________________________

Examination Date & Time __________________ Location ________________________________

Examination Committee Members please follow the instructions in the Graduate School Student Handbook.

1. Chairperson/MTA Director ________________________________

2. ________________________________

3. ________________________________

4. ________________________________

Should there be an outside person, please provide the address below.

This form MUST be returned to the Graduate School Office AT LEAST FOUR WEEKS PRIOR to the Exam. We reserve the right to reschedule an Exam if not given proper notification.

Student’s Signature ___________________________ Date __________

Preceptor’s Signature ___________________________ Date __________

MTA Director’s Signature ___________________________ Date __________

Grad School use only:

Ann: ___ Vote: ___

Rev. 4/14