

Important Message – Please Read

Oral examinations are major milestones, and we want yours to proceed smoothly.

If something unexpected happens the day of the exam, such as...

- *a committee member is delayed, cannot attend, or needs to leave before the examination concludes*
- *an electronic connection with a participant is problematic and cannot be resolved*
- *your major professor does not have the official paper form for reporting results*

...please call us before the examination begins. We can help resolve the situation in a way that is consistent with university policies. If you do not contact us prior to your exam, the Graduate College may not accept the exam results.

Graduate College (515)294-4531

Preliminary Oral Examination Report

IOWA STATE UNIVERSITY
GRADUATE COLLEGE
 1137 Pearson Hall, (515) 294-4531
 grad_college@iastate.edu

All fields other than signatures must be typed

Please return this form to the Graduate College as quickly as possible following the exam

Student's Name: Last • First • Middle	University ID Number:
Department(s):	
Major(s):	
Area(s) of Specialization (as declared on POSC):	
Minor(s) (as declared on POSC):	

The committee in charge of this student's graduate work has conducted the student's preliminary oral examination(s) for the Doctor of Philosophy degree and reports as follows:

ORAL EXAMINATION DATE: _____
THE COMMITTEE RECOMMENDS THAT THE STUDENT: (check one) <input type="checkbox"/> PASS: Student eligible to take final oral exam six months from Preliminary oral examination date listed on this form <input type="checkbox"/> PASS with conditions: Date for conditions to be met: _____ (No more than 6 months from exam)
CONDITIONS: _____ _____ _____
Conditions will remain in effect until Preliminary Oral Exam Conditions Met form is signed by: <input type="checkbox"/> Major professor(s) <input type="checkbox"/> All members of the examining committee <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> NOT PASS: Student permitted to retake oral after six months. A written explanation must be provided with the report form. <input type="checkbox"/> NOT PASS: Student not permitted to continue Ph.D. degree. A written explanation must be provided with the report form.
<ul style="list-style-type: none"> • If one member of the committee votes not to pass the student, the student passes, but each member of the committee must forward to the Graduate Dean in writing a justification for his/her vote. These letters will be made available to the committee at the time of the final oral examination upon request. • If more than one member of the committee votes not to pass the student, the student does not pass the examination. Written explanations must be forwarded to the Graduate College with the report form.

Name—Major Professor(s) (typed & signed)	Student Signature
Name (typed & signed)	Name (typed & signed)
Name (typed & signed)	Name (typed & signed)
Name (typed & signed)	Name (typed & signed)

/we dissent from the above report, and we have attached our written explanation:

Preliminary or Final Oral Exam Conditions Met

IOWA STATE UNIVERSITY
GRADUATE COLLEGE
1137 Pearson Hall, (515) 294-4531
grad_college@iastate.edu

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Use this form to report that conditions on a preliminary or final oral exam have been completed. The Graduate College must receive this form by the due date for the Graduate Student Approval form for the student's term of graduation.

I. STUDENT INFORMATION:

Student name: _____ **ISU ID#:** _____
(Last) (First)
Department: _____ **Major:** _____
Degree: _____ **Date of Oral Exam:** _____
Prelim* _____ **Final** _____

*Student may schedule final oral exam at least six months from original prelim oral exam date when this form is complete

II. COMMITTEE MEMBER SIGNATURES:

Include typed names and signatures

Major Professor(s): _____ Date: _____

Committee Members: _____ Date: _____

III. GRADUATE COLLEGE RESPONSE:

Graduate College:

Comment:

Copy: Department Co-department Interdepartmental Major Grad College

