



School of Graduate Studies
Louisiana State University Health Sciences Center
Shreveport, Louisiana 71130

REPORT OF PRELIMINARY EXAMINATION

Please Type or Print

Date of Exam: ____ / ____ / ____ Department: _____

Major Field: _____ Minor Field: _____

Anticipated Graduation Date: ☐ Summer ☐ Fall ☐ Winter _____
Year

The members of the Graduate Faculty listed below certify that they have examined

Last First Middle

and that the student has passed or failed the examination as indicated.

GRADUATE COMMITTEE			
Type Name	Signature	Department	Pass/Fail
Advisor			

COMMITTEE RECOMMENDATIONS:

The members of the examining committee recommend the following be completed prior to the Final Defense or retaking this examination.

Courses (list Dept., # and title): _____

Other: _____

APPROVALS:

_____ Date: ____ / ____ / ____
Department Head

_____ Date: ____ / ____ / ____
Dean of the Graduate School