



FORM P2
Preliminary Oral
Exam
Completion

6100 Center Dr.
Los Angeles, CA 90045
310-568-5600

Name: _____

CWID: _____

Program: _____

Doctoral Student _____ has completed all course work, passed the
Comprehensive Exam, and successfully completed the Preliminary Oral Examination

- with modifications, to be completed and resubmitted before student may continue.
- with modifications, but student may continue progress.
- with no modifications. Student may continue progress.
- The dissertation proposal has been submitted to Turnitin, reviewed, and approved.

Date of Exam: _____

Chair:	_____	_____	_____
	First Name	Last Name	Chair Signature

Committee Members:	_____	_____	_____
	First Name	Last Name	Member Signature

_____	_____	_____
First Name	Last Name	Member Signature

_____	_____	_____
First Name	Last Name	Member Signature

NOTE TO CHAIR: Prepare a letter for the student defining the modifications requested (if applicable).