



Preliminary Examination Summary Form
To be completed by the Committee Chair

Candidate: _____ Date of Exam: _____

Thesis Advisor: _____ Thesis Committee Chair: _____

Other Committee Members: _____

Decision: _____ **Pass** _____ **Conditional Pass** _____ **Fail**

Please summarize the Committee's evaluation of the strengths and weaknesses of the candidate's oral and written proposals:

When a **conditional pass** or **failure** is recommended, explain the reason(s) for this recommendation. Describe the goals that need to be met and a timeline for meeting these goals.

Student Signature: _____

Thesis Advisor Signature: _____

Committee Chair Signature: _____

Please return this signed and completed form, together with completed Preliminary Examination Committee Forms, to Kate Ryan, Room 1142F Biochemistry, cryan7@wisc.edu