

# MAE Department PhD Written Preliminary Exam Cover Sheet

Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Name: (print) \_\_\_\_\_  Check if Committee Chair  
MAE Committee Member – Examiner

Examination Results: (Check One)

PASS

CONDITIONAL PASS

FAIL

If Conditional Pass, describe conditions necessary to Pass

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAE Committee Member

Before the oral Preliminary Exam can be approved, the written Preliminary Exam MUST be attached to this form and submitted to the MAE Graduate Program Office, 3113 EBIII.

Written Preliminary Exam is optional for non-MAE committee members