



Preliminary Examination Assessment Report
Duke Divinity School Th.D. Program
 (Chair submit to Director of Th.D. Program)



Name of Student: _____ Date: _____

Action of Committee: Primary Area Exam _____
 Secondary Area Exam _____
 Dissertation Exam _____
 [Additional Exam] _____

Printed name	Signature
_____	_____ (Chair)
_____	_____
_____	_____
_____	_____

When the committee action is to pass, any committee member who votes to fail should sign this report as a complete record of the examination and note the negative vote beside the signature.

In case of failure of some components, the student may be granted one re-examination on that component upon the recommendation of the committee and with the approval of the Th.D. Oversight Committee. The date of this re-exam must be at least 3 months after the initial exam.

The committee recommends that _____ be allowed to take a re-examination.

Printed name	Signature
_____	_____ (Chair)
_____	_____
_____	_____
_____	_____

Approved by:

 Director of Th.D. Program (for Oversight Committee) Date: _____

 Associate Dean for Academic Affairs Date: _____