

The University of Delaware
Department of Kinesiology & Applied Physiology
Applied Physiology Program

Results of the Preliminary Exam

The Chair of the Examining Committee is to submit this form to the Applied Physiology Program Coordinator, and a copy to the student, within one week of the examination

We, the undersigned, as the Preliminary Examining Committee for _____,

report the results of the Preliminary Examination held on _____ (date)
are as follows (check one):

_____ **Unconditional pass.**

_____ **Conditional pass.** The conditions must be clearly stated, i.e., the exact nature of the deficiency must be described along with a mechanism(s) to repair this deficiency. Conditions must be met within one year. The Chair of the Examining Committee must provide the Applied Physiology Program Coordinator with written notification when the student has resolved the conditional pass.

_____ **Re-examination.** Student will be re-examined within one semester at which time the Examining Committee will render a decision. Please summarize briefly the criticisms that led to this decision and give an estimate of the date of re-examination.

_____ **Failure.** The Examining Committee has decided that the student does not have the potential to complete the Ph.D. program. Please indicate why the student failed the examination.

Comments:

Signatures (*please type each committee member's name under signature line*):

Chair, Examining Committee
