

Preliminary Exam Warrant Request

Student's full name (Last, First): _____

*You can choose whether you want your [legal name](#) or [name in use](#)/preferred name on your diploma. Legal name is used by default. What name would like to use on the warrant?

☐

Legal Name

☐

Name in Use (Preferred Name)

Campus ID #: _____ Email address: _____

Proposed date of preliminary exam: _____

Doctoral minor: _____
(Option A – Name of Department) (Option B–Distributed)

Date of minor completion: _____

Committee member information:

	Name (Last, First)	Title	Department/Major Represented	Email Address
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

Optional:

6) _____

Please submit this completed form to your [Graduate Coordinator](#) at least three weeks before your defense.