The University of Chicago Divinity School
PH.D. EXAM PROCEDURE SHEET

Name __________________________________________________________

Matriculation Date: ________________________________
Program: __________

Requirements
Course of Study Petition:
Date of Approval: ________________________________
Advisor: ________________________________
Area of Concentration: ________________________________

Language Exams:

___ German (completed ____________ Quarter ________)
___ French (completed ______________ Quarter ________)
___ Other (specify) ___________ (completed ___________Quarter ________)

Satisfactory completion of assignments stipulated in the guidelines of the
student’s area of concentration:
___ Pre-exam conference (completed __________ Quarter ________)


Record of PhD Qualifying Examinations

Written Examinations

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<th>Examination</th>
<th>Examiner</th>
<th>Grade</th>
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Title of the Oral Statement:

Evaluation of the Oral Statement:

Overall Evaluation of the Qualifying Examination: Pass ___ Fail_____

Comments:

Faculty at Oral Examination:

Advisor: ________________________________  Signature  Date

(PLEASE RETURN THIS FILE DIRECTLY TO THE DEAN OF STUDENTS.)