

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

Examination	Examiner	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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.)