Graduate College

IOWA STATE UNIVERSITY

Request for Preliminary Examination

This form should be done AT LEAST 3 WEEKS BEFORE date of prelim exam

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| Student’s Name: Last, First, Middle | University ID: |
| Major Dept: Chemical Engineering | Major: |
| Co-Major Dept: | Co-Major |
| Minor Dept: | Minor: |

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| --- | --- | --- |
| Date of Seminar: | Time of Seminar: | Room |

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| --- |
| Seminar Title: |

List of Committee Members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Professor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Instructions:

* Check with committee members to schedule date and time for your preliminary exam.
* Complete this form and return to Linda in 2157 Sweeney.
* Linda will reserve the room, prepare the official form, receive signatures, and send to the Graduate College.
* Upon your request the Department will provide coffee, it is your responsibility to clean the coffee cart and return to 2162 after your seminar.