DEPARTMENT OF MATHEMATICAL SCIENCES
RESULTS OF PRELIMINARY EXAM

This form should be signed by the initial advisor and graduate director, copied to the student, and forwarded (along with the graded exam) to the Department Office for addition to the student file. A passing result on the three preliminary exams is in partial fulfillment of the requirements for a Doctorate in Mathematics at George Mason University. It also satisfies the creative component of a Masters in Mathematics.

Student Name: ________________________________________________

___________________________________________________________

____________________________________________________________

(SIGNATURE) (DATE)

G# __________________ Date: ________________

Home Address: ______________________________________________

Telephone: ___________________ E-mail: _______________________

Dates Administered and Results:

Exam Topic: _________________________________________________

Score: ____________________

Result (Pass or Fail): ________________________________

Temporary Advisor: __________________________________________

___________________________________________________________

___________________________________________________________

(SIGNATURE) (DATE)

Graduate Director: ___________________________________________

___________________________________________________________

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(SIGNATURE) (DATE)