



Revised – June, 2013

**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: _____

(SIGNATURE) (DATE)