

PRELIMINARY EXAMINATION APPLICATION

*This form is only for **Master's degree students** who intend to take the preliminary examination in order to add a Ph.D. to their degree goal.*

CONTACT INFORMATION

Last Name: First Name: Middle Name Initial:
Cal ID Number: Email: Phone Number:

REGISTRATION STATUS

Semester Admitted to ME: Year: Current Degree Goal:
Major Field Area: Current Research Advisor:
Major Field Area GPA: Overall GPA: Exam to Take*:

***If your Major Field Area does not offer an examination, please select one from the above dropdown menu.**

Do not complete this part if this is your first time taking the Preliminary Examination

Previous examination(s) failed: Semester: Year:
