

**THE JOHNS HOPKINS UNIVERSITY  
BLOOMBERG SCHOOL OF PUBLIC HEALTH**

**Request for  
PRELIMINARY ORAL EXAMINATION**

Please complete and submit **TYPED** form to the Records and Registration Office, Room E1002, at least **ONE MONTH IN ADVANCE OF PROPOSED DATE**. Please review procedures on reverse side before completing this form.

DEPARTMENT: \_\_\_\_\_ STUDENT: \_\_\_\_\_

DEGREE PROGRAM: **Ph.D.** \_\_\_\_\_ **ScD** \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ HOUR: \_\_\_\_\_ ROOM: \_\_\_\_\_

PROPOSED EXAMINING COMMITTEE:

	<u>NAME &amp; EMAIL</u>	<u>FACULTY RANK</u>	<u>DEPARTMENT</u>
1.	_____	_____	_____
	<b>Advisor (NO ALTERNATIVES ALLOWED)</b>		<b>Sponsoring Department</b>
2.	_____		<b>Sponsoring or Outside Department</b>
3.	_____		<b>Outside Department - SPH</b>
4.	_____		<b>Sponsoring or Outside Department</b>
5.	_____		<b>Outside Department</b>

**ALTERNATES:** (If an alternate is needed for an examination, CONTACT THE RECORDS & REGISTRATION OFFICE IMMEDIATELY [x5-3514] and the Alternate will be contacted.)

1.	_____	<b>Sponsoring or Outside Department</b>
2.	_____	<b>Outside Department</b>

Signatures:

_____	Student	Date
_____	Department Chair	Date
_____	Associate Dean	Date
_____	Chair, Graduate Board	Date

We are aware that if human and/or animal subjects are to be used in the student's research, we will obtain the appropriate clearance from the Committee on Human Research and/or the Animal Care and Use Committee before the research begins.

Student \_\_\_\_\_ Date \_\_\_\_\_ Advisor \_\_\_\_\_ Date \_\_\_\_\_

**REPORT OF RESULTS**

Unconditional Pass: \_\_\_\_\_ Conditional Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
Present at Examination (signatures of each examiner MUST APPEAR HERE)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Signature of Chair

### **Instructions for Preliminary Oral Examination**

The student and his/her Advisor are responsible for initiating arrangements for the preliminary doctoral examination. The departmental student coordinator will assist with the appropriate forms and other important information. **THIS FORM SHOULD BE TYPED** and submitted to the Office of Records and Registration after all members of the Committee have agreed on a meeting date and time.

Access to the most current faculty ranks can be found on the school's website at the following address:  
<http://faculty.jhsph.edu/appointments.cfm>

If audio/visual equipment is required, the student is responsible for contacting the Multimedia Services Department one week prior to the examination date. Multimedia Services is located in Room WB035 Wolfe Street Building, 410-955-3066.

### **ALL DOCTORAL DEGREES**

The Examining Committee must:

1. consist of at least five voting members, not more than three members of the primary department can serve, and one of these must be the thesis advisor.
2. be comprised of duly appointed faculty members of a University department and must hold, at the time of selection, an appointment of Assistant Professor or higher, and
3. be comprised of three Departments of the University, TWO being from the Bloomberg School of Public Health.

The student's advisor of record must serve as a member of the Committee. The senior faculty member with neither a primary nor joint appointment in the student's Department will normally serve as Chair of the Committee and must hold the rank of Associate or Full Professor. The Chair (Ph.D. degree preliminary oral examination) is appointed by the Graduate Board.

One adjunct faculty member may serve on the Committee, but may not serve as Chair. Once a Ph.D. candidate's Examination Committee has been approved by the Graduate Board Office, substitution of Committee members may not be made without prior approval of that office.

The examination should be given at the earliest feasible time, not later than the end of the student's third year in residence, and before significant engagement in dissertation research. If the student fails the Preliminary Oral Examination and is permitted a re-examination, he/she must be re-examined within one year.

I have read the procedures and School policies outlined above regarding the Preliminary Oral Examination.

**Student's Signature** \_\_\_\_\_

**Reviewed by:**

**Academic Coordinator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_