

**Doctoral Study  
School of Education  
Intent to Complete Research Preliminary Examination**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (W) \_\_\_\_\_

(H) \_\_\_\_\_

Doctoral Program (identify): \_\_\_\_\_

Status of Content Preliminary Exam: \_\_\_\_\_

Semester (indicate year) you are doing the preliminary exam.

1<sup>ST</sup> Summer session \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

2<sup>nd</sup> Summer session \_\_\_\_\_

Primary research method planned in research prelim.

\_\_\_\_\_ Qualitative

\_\_\_\_\_ Quantitative

Have you completed all of your research courses?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Do you currently have an Incomplete or F grade for any of your research courses?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Committee members:

Methodologist:

The preliminary examination represents an individual effort on your part. At the preliminary writing stage, it is expected that you demonstrate your competence without any outside assistance (e.g, colleagues, technical editors, faculty, and advisors).
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Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Acknowledges readiness for the preliminary examination:

Adviser's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*Send or take to:

Colorado State University  
School of Education  
Graduate Program Office  
Campus Box 1588  
Colorado State University  
Fort Collins CO 80523