## STATE UNIVERSITY OF NEW YORK AT STONY BROOK

## DEPARTMENT OF APPLIED MATHEMATICS AND STATISTICS

## **Doctoral Preliminary Exam Signature Page**

Name:	
ID #:	Track:
Date of Exam:	
-	n committee for the above student, hereby recommend that he/she y. (Please type each committee member's name and title, prior to ature.)
Advisor: Name, title,	signature
Committee Chair: N	ame, title, signature
Committee Member:	Name, title, signature
(Optional ) Committe	ee Member: Name, title, signature
(Optional) Committee	e Member: <i>Name, title, signature</i>
The committee has also e	evaluated the report for proficiency in technical writing:*
Written English Profi	iciency Satisfactory: Unsatisfactory:
If "unsatisfactory" a revi	ised must be submitted for re-evaluation by:
Revision Due Date:	

\* Note: The candidate cannot pass the exam if his/her English writing is deemed unsatisfactory; a revision may be submitted by the date given above. If the revised report satisfies the committee and/or the committee chair, the chair should inform the Graduate Program office, and the candidate will pass. A second revision will not be accepted.

The committee is encouraged to use the reverse side of the form for comments.