

**Oral Examination**  
[Second-Year Proficiency Examination]

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Primary topic[s] examined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty examiners: [1] \_\_\_\_\_

Signature: \_\_\_\_\_

[2] \_\_\_\_\_

Signature: \_\_\_\_\_

**Confirmation of syllabus approval by graduate committee:**

Director of Graduate Studies [Name]: \_\_\_\_\_

Director of Graduate Studies [Signature]: \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_