Prelim Request Form – Department of Mathematics

Please complete this form online, and then print and bring it to Marci in 267 Altgeld Hall at least 3 WEEKS BEFORE your exam date.

Name ___________________________________________________________________

NetID ___________________________ UIN __________________________

Prelim Committee Members. Committee must include a minimum of 4 voting members, 3 UIUC graduate faculty, and 2 tenured UIUC graduate faculty.

Name ___________________________ Net ID __________________________

_______________________________________ Chair __________________________

_______________________________________ Thesis Adviser __________________________

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Attach your Prelim Syllabus. It must describe the thesis research proposal (statement of the problem, known results, possible methods, partial progress) and also the list of examinable topics. For more information, see Chapter 2 of the Graduate Guide. The syllabus is typically 2-4 pages in length.

Prelim Date __________________________ Prelim Time (2-hour block) ________________

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For office use only

Room for Prelim _______________________________________________________________

Syllabus and Committee Approved by

Yuliy Baryshnikov, Director of Graduate Studies