

2nd Year Oral Exam Form

Chemical Biology, Organic or Inorganic Chemistry

Please complete and return this form, along with an electronic copy of your written proposal(s), to the Chemistry Department Registrar.

Name: _____ SID: _____

Division: _____ Year of Study: _____

Chemical Biology or Organic Chemistry

Date of Thesis Oral Exam (by 5/31):

Title of Thesis Proposal:

Oral Exam: Pass Fail Written Proposal: Pass Fail

Inorganic Chemistry

Date of Thesis/Anti-Thesis Oral Exam (by 5/31):

Title of Thesis Proposal:

Oral Exam: Pass Fail Written Proposal: Pass Fail

Title of Anti-Thesis Proposal:

Oral Exam: Pass Fail Written Proposal: Pass Fail

Committee Comments:

Committee Members Names and Signatures:

(Please print all committee member names. Only two members must sign, one of which must be your Advisor or Committee Chairman)

* Please indicate your Research Advisor with an asterisk*