

2nd Year Qualifying Exam Form

Please complete and return this form by the end of reading period in your second year of program along with an electronic copy of your written proposal(s), to **Graduate Registrar/DGS Academic Support Assistants - Isabel Cruz, Kara Swenson & Maggie Simonsen** at chemistry.dgs@yale.edu by May 31st.

Name: _____

SID: _____

Research
Division:

Year of Study:

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

Title of Thesis Proposal:

Oral Exam: Pass ☐ Fail ☐

Written Proposal: Pass ☐ Fail ☐

Committee Comments:

Committee Members Names and Signatures:

(Please print or electronically sign all committee member names. Only two members must sign, one of which must be your Advisor or Committee Chairman). Committee can forward approvals via email if preferred.

* Please indicate your Research Advisor with an asterisk*