

2nd Year Qualifying Oral 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 - Kara Swenson & Maggie Simonsen** at chemistry.dgs@yale.edu

Name: _____

SID: _____

Division:

Year of Study: 2nd Year

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 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