

# 2nd Year Oral Exam Form

## Biophysical and Physical Chemistry

Please complete and return this form, along with an electronic copy of your written proposal, to the Chemistry Department Registrar after each exam. **Please submit one form per semester.**

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

SID: \_\_\_\_\_

Division: \_\_\_\_\_

Year of Study: \_\_\_\_\_

### **Biophysical**

Date of Thesis Oral Exam (by 11/1): \_\_\_\_\_

Title of Thesis Proposal: \_\_\_\_\_

Oral Exam: Pass  Fail

Written Proposal: Pass  Fail

Date of Independent Oral Exam (by 5/31): \_\_\_\_\_

Title of Independent Proposal: \_\_\_\_\_

Oral Exam: Pass  Fail

Written Proposal: Pass  Fail

### **Physical Chemistry**

Date of Thesis Oral Exam (by 11/1): \_\_\_\_\_

Title of Thesis Proposal: \_\_\_\_\_

Oral Exam: Pass  Fail

Written Proposal: Pass  Fail

Date of Progress Report (by 5/31): \_\_\_\_\_

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\*