

2nd Year Oral Exam Form

Biophysical 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: _____

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

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