

# 2nd Year Oral Exam Form

## Chemical Biology, Organic, Inorganic

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: \_\_\_\_\_

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\*