

# 3rd Year Inorganic Proposal Form

Please complete and return this form to the Chemistry Department Registrar by **May 31st**.

Name:

SID:

Division:

Year of Study:

Date of Oral Exam:

Title of Anti-Thesis Proposal:

Committee Comments:

Oral Exam: Pass

Fail

Written Proposal: Pass

Fail

## **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\*