

Oral Preliminary Examination Grading Form

Student Name:

Title of Literature presentation:

Date of Presentation:

Names of faculty members present:

- | | |
|----|-----|
| 1) | 6) |
| 2) | 7) |
| 3) | 8) |
| 4) | 9) |
| 5) | 10) |

Vote totals

Pass: _____

Retake: _____

Fail: _____

Action Taken:

Signature of students advisor: _____

Approved by the Director of the Chemistry Graduate Program: _____

This form is to be turned in to Tia Smith-Best in the Graduate office.