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.