

## Chemistry Department Preliminary Examination Result Form

Student's Name:	Date of Exam:
Literature Review Title:	
This is the student's <input type="checkbox"/> <b>first</b> <input type="checkbox"/> <b>second</b> prelim exam	Overall Result: <input type="checkbox"/> <b>Pass*</b> <input type="checkbox"/> <b>Fail</b>

\*In order to pass the exam, the student may receive no more than one failing vote from the examiners.

Detailed comments are *required*. Please be specific. Add pages as needed. If using MS Word (recommended) then you may expand each comment field as needed, but please don't split the signature table over two pages.

**Comments on the Exam:**

**Redirect to MS.** If the overall result was **Fail** and the student wishes to continue in the MS degree program, does the committee agree that continuation is warranted (no more than one "No" vote)?  **Yes**  **No**

**Comments on Redirection to the MS Degree Program (if applicable):**

**Faculty Signatures.** Please mark committee chair(s) with an asterisk (\*).

Printed Name	Result Vote		Redirect to MS Vote (if applicable)		Signature
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> P	<input type="checkbox"/> F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Promptly return the completed Exam Card (tan) and this form, fully executed, to Angie Miller.