Preliminary Oral Examination Report
Doctoral Degree

This is to certify that the undersigned, as a committee of the Graduate School, have given

_____

Last Name **First** **Middle or Former**

a preliminary oral examination for the Ph.D. degree in the major field of Chemical Engineering

on the date of _____

We recommend that the results be recorded as (check one of the following):

- ☐ **Passed the examination without reservations**

- ☐ **Passed the examination with reservations**
  NOTE: Within one week of the examination, the committee must send the student a letter that clearly stipulates the reservations and the steps required to remove them. A copy of this letter must be attached to this form when it is returned to the Graduate Student Committee.

- ☐ **Failed the examination**
  NOTE: One retake is permitted only by unanimous consent of the examining committee. Each committee member must indicate whether a retake is approved.

Committee members must indicate their vote by signing their name in the appropriate column below:

EXAMINING COMMITTEE	Pass	Pass With Reservations	Fail	Approve Retake? Yes	No
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐