



Revised August 2016

The committee's report on this examination is as follows:

Pass	Fail
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Chair Name	Program/ Department	Signature		
			Pass	Fail

Name	Program/ Department	Signature	Pass	Fail
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Name	Program/ Department	Signature		
			Pass	Fail

Name _____ Program/ Department _____ Signature _____

Overall Outcome

Passed

Passed with Conditions (please detail conditions with timeframe under comments)

Failed

Comments (if any):

Student Signature	Date	Program Director Signature	Date
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After completing this form, please submit it to the Graduate Student Affairs Office in 204 Rockwell Engineering Center. Please contact Connie Cheng at connie.cheng@uci.edu with any questions.