



UCI Samueli

School of Engineering

Materials and Manufacturing Technology (MMT) Graduate Concentration Comprehensive Exam Report

Student Name: _____ Student ID: _____

Email: _____ Date of Exam: _____

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

Pass Fail

Name	Program/ Department	Signature
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Pass Fail

Name	Program/ Department	Signature
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Pass Fail

Name	Program/ Department	Signature
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Student Name	Student Signature
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Program Director, MMT	Director Signature
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Comments (if any):

After completing this form, please submit it to Graduate and Professional Studies in 204 Rockwell Engineering Center. Please contact Nadia Kast at nadia.kast@uci.edu with any questions.