

Materials and Manufacturing Technology (MMT) Graduate Concentration PhD Preliminary Exam Report

Student Name:	Student ID:			
Email:	Date of Exam:			
The committee's report o	n this examination is as follows	S:		
			Pass	Fail
Chair Name	Program/ Department	Signature		
			Pass	Fail
Name	Program/ Department	Signature		
			Pass	Fail
Name	Program/ Department	Signature		
			Pass	Fail
Name	Program/ Department	Signature		
Overall Outcome Passed				
Passed with Cond	litions (please detail conditions	with timeframe	under comments)	
Failed				
Comments (if any):				
Ct-1-st C'-sstars		Discussion Circuit		
Student Signature	Date Program	n Director Signatu	re Date	

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.

Revised: 7/19/2019