



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

Student Name: _____ Student ID: _____

Email: _____ Date of Exam: _____

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

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 Conditions (please detail conditions with timeframe under comments)

Failed

Comments (if any):

Student Signature

Date

Program Director Signature

Date

After completing this form, please submit it to Graduate and Professional Studies in 204 Rockwell Engineering Center. Please contact Mark Banderas at mark.banderas@uci.edu with any questions.