UCI Samueli School of Engineering

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.