

Physics Department Topical Oral Exam Form

(Version 1.0, February 8, 2012, CEC)

PhD. Candidate:: _____

Research Supervisor: _____

Physics Department Supervisor (if different): _____

Date and Time of Oral Exam: _____

Title of Oral Exam Presentation: _____

Exam Committee Result:

- _____ **Passing**
- _____ **Passing with conditions (attach documentation)**
- _____ **Not passing (attach documentation)**

Committee (minimum 3 members from physics department):

(1) Name: _____ Sign: _____ Date: _____

(2) Name: _____ Sign: _____ Date: _____

(3) Name: _____ Sign: _____ Date: _____

(4) Name: _____ Sign: _____ Date: _____

(5) Name: _____ Sign: _____ Date: _____

Received by Graduate Program Director: Sign: _____ Date: _____

Attach copy of any relevant documentation including any written remarks from the committee. Also attach hard-copy of student presentation.