

FINAL ORAL EXAM REPORT FORM

To: Department of Chemistry, San José State University
Duncan Hall, Room 518

From: Graduate Student's Research Advisor

This is to certify that _____
(Graduate Student's Last Name, First Name)

(_____) has successfully completed the Final Oral Exam on _____,
(SJSU ID #) (Final Oral Exam Date)

which is required of all graduate students in the Master's Degree Program in the SJSU Chemistry Department. The quality of the performance was judged by the student's research committee to be:

- Excellent
- Satisfactory
- Unsatisfactory (Must Repeat)

RESEARCH COMMITTEE

Research Advisor (Name, Signature and Date)

Committee Advisor Member 1 (Name, Signature and Date)

Committee Advisor Member 2 (Name, Signature and Date)