

EXAM OUTCOME FORM

DEPARTMENT OF Physics and Astronomy

Please complete and submit to the departmental graduate secretary immediately following the exam.

Student Name: _____ Student ID# _____

Ph.D. Final Defense

Exam Outcome (circle one): HONORS SATISFACTORY UNSATISFACTORY

Revisions required

Revisions must be completed by the following date, which must be within 6 months of oral defense _____.

Committee Chair: _____

Signature: _____ Date: _____

Outside Member/
Graduate Studies Representative: _____

Signature: _____ Date: _____