

Student Name: _____

Date: _____

Examining Committee Members:

Comprehensive Exam Checklist

| | Unsatisfactory | Basic | Intermediate | Advanced |
|---------------------------------------|----------------|-------|--------------|----------|
| Description of Research Areas | | | | |
| Formulation of Hypothesis | | | | |
| Design of Experiment and Calculations | | | | |
| Knowledge of General Physics | | | | |

Honors: Yes ___ No ___