UCI Samueli
School of Engineering

Materials and Manufacturing Technology
Comprehensive Exam Report

This form must be submitted to your Student Services Advisor **after your exam**.

Student Name: _____ **Student ID:** _____

Email: _____ **Exam Date:** _____

The committee's report on this examination is as follows:

☐ Pass ☐ Fail

Name Signature

Comments (if any):

Confirmed by (please sign):

_____ _____

Student Date MMT Program Director Date

Revised 09/2025