UCI Samueli
School of Engineering

Materials and Manufacturing Technology
PhD Preliminary Examination Result Form

Name: _____ **SID#:** _____

Research Advisor: _____ **Exam Date:** _____

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

☐ Pass ☐ Fail

Name Signature

☐ Pass ☐ Fail

Name Signature

☐ Pass ☐ Fail

Name Signature

Overall Outcome

☐ Passed

☐ Passed with Conditions (please detail conditions with timeframe under comments)

☐ Failed

Comments (if any):

_____ _____

Student Signature Date Program Director Signature Date