

UNIVERSITY OF TOLEDO DEPARTMENT OF CHEMISTRY

Report of Comprehensive Examination
DISSERTATION RESEARCH PROPOSAL AND ORAL EXAMINATION

TO: _____, Director of Graduate Studies

FROM: _____, Research Advisor

This memo is to inform you _____
(Name and ID number)

underwent his/her Dissertation Research Proposal Examination on _____ (date) at
which time he/she defended his/her independent research proposal before this committee. The
results of the examination:

- Passed.
- A retest is required.
- Failed.

Signature of Examining Body:

Return this form and a summary report to the Director of Graduate Studies within two days after the scheduled date.