

UNIVERSITY OF TOLEDO DEPARTMENT OF CHEMISTRY

Report of Comprehensive Examination
DISSERTATION DEFENSE

TO: _____, Director of Graduate Studies

FROM: _____, Research Advisor

This memo is to inform you that _____
(Name)

underwent his/her Dissertation Defense on _____ (date) at which time he/she defended
his/her dissertation before this committee.

The results of the examination:

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

Signatures of Examining Body:

Return this form and a summary report (in the case of a retest or failure) to the Director of Graduate Studies
within three days after the examination.

Revised 6/12