

UNIVERSITY OF TOLEDO
DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

Report of Comprehensive Examination
DISSERTATION DEFENSE

TO: _____, Director of Graduate Studies

FROM: _____, Research Advisor

Student: _____

R Number: _____

Dissertation Defense Date: _____

Dissertation Title: _____

The results of the examination:

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

Signatures of Examining Body:

Advisor: _____

Committee Members: _____

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.