

**UNIVERSITY OF TOLEDO    DEPARTMENT OF CHEMISTRY**

Record of comprehensive general examination and oral defense for the thesis for the

**MASTERS DEGREE**

TO: \_\_\_\_\_, Director of Graduate Studies

FROM: \_\_\_\_\_, Research Advisor

This memo is to inform you that \_\_\_\_\_  
(Name)

underwent his/her Comprehensive General Examination on \_\_\_\_\_(date).

The results of the examination:

- Passed
- Failed; recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of Examining Body:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return this form to the Director of Graduate Studies within three days after the defense.