

UNIVERSITY OF TOLEDO
DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

Report of comprehensive general examination and oral thesis defense for the
MASTERS DEGREE

TO: _____, Director of Graduate Studies

FROM: _____, Research Advisor

Student: _____

R Number: _____

Thesis Defense Date: _____

Thesis 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.