



UCI Samueli School of Engineering

Materials and Manufacturing Technology Graduate Concentration PhD Preliminary Examination Report

Name: _____ SID#: _____

Faculty Advisor: _____ Exam Date: _____

The committee's report on this examination is as follows:

Pass Fail

Chair Name Signature

Pass Fail

Name Signature

Pass Fail

Name Signature

Pass Fail

Name Signature

Overall Outcome

Passed

Passed with Conditions (please detail conditions with timeframe under comments)

Failed

Comments (if any):

Student Signature Date

Program Director Signature Date

After completing this form, please submit it to Katarina Barron at katarina.barron@uci.edu.