



*The* UNIVERSITY of OKLAHOMA.  
Department of Chemistry and Biochemistry

**Preliminary Examination Report Form\***

**Student Name:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

**Overall Evaluation of Examination:**

**Pass** \_\_\_\_\_

**Deferred\*\*** \_\_\_\_\_

**Fail** \_\_\_\_\_

\*\* Comments, conditions, date for re-examination:

**Advisory Committee Members present (three Chem-Biochemistry faculty minimum):**

<b>Name</b>	<b>Signature</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Provide copies of report to student and research advisor; submit original to the Graduate Program Assistant.