Written Examination – Advisor Form

Department of Chemistry, University of Florida

The thesis advisor should forward the completed form to the Graduate Office on behalf of the committee.

Student Name:

Advisor Name:

Committee Members Names:

Exam Result (First Attempt): **Pass** **Fail**

Date (First Attempt):

Comments (If the student has failed this attempt, please document a timeline for a second attempt):

Exam Result (Second Attempt): ◯ **Pass** ◯ **Fail**

Date (Second Attempt):

Comments (If the student has failed this attempt, please describe the student's future academic plan):