

Results of Candidacy Examination

Student's Name _____
Ph.D. Degree Program

Student's ID Number _____
Student's Advisor

Advisor's Home Department/Program: _____

Date of Exam: _____

Passed: Conditional Pass*: (see attached explanation) Failed:

Date of Completion of Conditional Exam/Requirements: _____

Passed: Failed:

Date of Final Outcome: _____
(could be the same Date of Exam)

The undersigned committee members stipulate that the student has completed the candidacy examination to their satisfaction and has advanced to candidacy in the Materials Science Ph.D. program.

Advisor/Committee Chair: _____
(signature) _____
(date)

Committee Member: _____
(signature) _____
(date)

Committee Member: _____
(signature) _____
(date)

Committee Member: _____
(signature) _____
(date)

Committee Member: _____
(signature) _____
(date)

Montana Tech Campus Director: _____
(signature) _____
(date)

Dean of Graduate School: _____
(signature) _____
(date)

*any conditional pass will require a written explanation signed by the student and the advisor