

EXPERIMENTAL PHYSICS ORAL EXAM

Student Name: _____ **Date:** _____

Title of Report/Topic:

Name of Research Advisor:

The Graduate Experimental Physics Committee has found the exam/presentation :

Satisfactory	Unsatisfactory	Print Name	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes/Comments:

