

**REPORT OF THE ORAL CANDIDACY EXAMINATION
KENT STATE UNIVERSITY
DEPARTMENT OF CHEMISTRY**

Student Name: _____ Advisor Name: _____

The Final Written Research Proposal*

Committee Print	Signature	Date	Acceptable (Yes/No)
_____	_____	_____	_____
Advisor	_____	_____	_____
_____	_____	_____	_____
Co-Advisor (if any)	_____	_____	_____
_____	_____	_____	_____
Inside Division [≠]	_____	_____	_____
_____	_____	_____	_____
Outside Division	_____	_____	_____
_____	_____	_____	_____
Outside Department	_____	_____	_____
_____	_____	_____	_____
Additional Member	_____	_____	_____

* If this is a revised version then fill in the dates when the original and revised versions were submitted: Original _____, Revised _____.

[≠] **Two** faculty in the student's Division are required if this Division is different from that of the advisor and Co-Advisor.

The Oral Defense

Committee Print	Signature	Date	Pass (Yes/No)
_____	_____	_____	_____
Advisor	_____	_____	_____
_____	_____	_____	_____
Co-Advisor	_____	_____	_____
_____	_____	_____	_____
Inside Division	_____	_____	_____
_____	_____	_____	_____
Outside Division	_____	_____	_____
_____	_____	_____	_____
Outside Department	_____	_____	_____
_____	_____	_____	_____
Additional Member	_____	_____	_____

Was the date of passage of this exam within 2.5 years from the students entry into the program?
Yes No

Graduate Coordinator

Chair