

*Request for Oral Examination needs to be submitted to the graduate administrative assistant within five days after the completion of the examination.*

**Department of Physics  
Syracuse University  
Request for RESEARCH ORAL EXAMINATION**

Student's Name: \_\_\_\_\_ SUID # \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Research Adviser: \_\_\_\_\_

Topic: \_\_\_\_\_

\_\_\_\_\_  
**Member** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Member** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Committee Chairperson** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Advisor** (if different from Chairperson) *(please print)*

\_\_\_\_\_  
Signature and date

**Examination Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_ *(reserve with Yudaisy Salomon Sargenton)*

\* \* \* \* \*

**Results:**    ☐ Pass    ☐ Fail

**Comments:** *(Optional; attach a separate sheet of comments if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signed (Committee Chairperson)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signed (Graduate Director)**

\_\_\_\_\_  
Date

*Copies to: Kristine Weisblatt (for student file)*