

Montana Tech Results of Candidacy Examination

Student Name:	Student ID:
Ph.D. Degree Program:	
Advisor:	Department:

Date of Exam: _____

Passed Conditional Pass*(see attached explanation) Failed

Date of Conditional Exam: _____

Passed Failed

Date of Exam (2nd attempt): _____

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.

Signatures:

Advisor:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
Committee Member:	Date:
Montana Tech Campus Director:	Date:
Dean of Graduate School:	Date:

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

Return this form to the Graduate School