

**ROCHESTER INSTITUTE OF TECHNOLOGY**  
**Rochester, New York 14623**  
**Department of Materials Science & Engineering**

**FORM 6**

TO: Department Head

The undersigned states that \_\_\_\_\_  
Candidate Student Number

a student in the Master of Science degree program in \_\_\_\_\_  
Department

has taken an interim oral examination.

Evaluation of student by Oral Committee:

Specific Recommendations:

The results were as follows:                      Oral Examination                      Signature

WRITE IN PASS OR FAIL:                      \_\_\_\_\_                      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_                      \_\_\_\_\_  
Date                      Chairperson, Oral Committee

NOTE: No more than one negative vote is allowed for successful completion.

cc: Dean's Office (Student Personnel File)  
Faculty Advisor  
Student (mail folder)