

UNIVERSITY OF CENTRAL FLORIDA

Graduate Program Assistant Use Only:

## **Physics Department**

4111 Libra Drive Physical Sciences Bldg. Room 430 Orlando, FL 32816-2385 407-823-2325

## **Physics – Planetary Sciences Track Candidacy Exam Form**

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Written Component Date:		Oral Component	Date:		
This form is completed when a student is a prior to taking the Candidacy Exam. The wasubmitted for publication. The oral comportaditional question and answer period of the topics covered in the student's preparations. Supervisory Committee. A student must goral examination. Committee members are start of the eighth day before the examination proceed with the Candidacy exam. If the cexamination. Both the written and oral Caincluding comments on the paper are due to the Program Assistant for submission and	written component is a journal onent is in two parts: (1) A pural ascientific presentation; and action and course work. The value the written examination per expected to read it and given the official version of the Committee decides not to provide a provincial country.	Il-level research paper that I ublic presentation of the res (2) private questioning on to written and oral components paper to the Supervisory Cone a preliminary indication as the paper is due, and the Component is deemed to take place at the ti	nas either been acceptearch contained in the ched detail of the presets will be administrated mmittee 14 calendar of the to its acceptability formittee must approved not to have taken either acceptability for the oral examination.	ted for publication or e paper including the inted research as well as d by the student's days before the scheduled iur days thereafter. By the the paper and decide to ther part of the lation. Written results	
Last Name:	First Name:	UCFI	D:		
Telephone Number:	E-Mail:			@knights.ucf.edu	
Committee Chair Name:  Member 2 Name:  Member 3 Name:  Member 4 Name:	Candidacy Exam	Committee Members  Signature:  Signature:  Signature:  Signature:			
From Outcome					
Pass Pass conditioned on revision Fail with option for MS Deg	ons (both) or additional	coursework	Retake Retake after addit Fail without optio		
Student signature:		Committee Chai	ir signature:		
Student signature:		Committee Chai	Committee Chair signature:		
Graduate Program Director signature: Department Chair signature:					

Updated Checklist (Initials & Date): \_\_\_\_\_