UCMERCED
Physics Graduate Program

PRE-QUALIFYING EXAM REPORT

STUDENT

Please complete this form at the conclusion of your pre-qualifying exam and submit the completed form to **physics@ucmerced.edu**. Your pre-qualifying exam should be completed by the end of your second year, and consists of an oral presentation prepared for the qualifying exam.

Student Name: _____ _____
Last First Middle Student ID Number

Email Address: _____ First semester: _____

Examination Date: _____

COMMITTEE

This report must be completed immediately after the examination. Please forward the completed form to **physics@ucmerced.edu.**

Report of the Committee: *(Attach additional sheet if necessary)*

COMMITEEE CHAIR

The student's committee acknowledges the completion of the pre-qualifying exam with the committee chair's signature below.

			The Qualifying Exam Date is scheduled for:
Committee Chair's Printed Name	Date	Committee Chair's Signature	Date
			Date

Revised 10/22/25