



Department of Chemistry  
College of Natural Sciences  
and Mathematics

**Oral Research Progress (ORP) Exam Evaluation Summary Form**

ORP exam must be completed by the end of 5<sup>th</sup> long semester

**Student's Section:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MyUH ID: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Division: \_\_\_\_\_

**Committee Chair Section:**

1. General knowledge in the area of specialization. Average = \_\_\_\_\_  
Comments: \_\_\_\_\_
2. Knowledge of previous work and techniques in the field of research. Average = \_\_\_\_\_  
Comments: \_\_\_\_\_
3. Research progress, intellectual contributions, and potential for future research. Average = \_\_\_\_\_  
Comments: \_\_\_\_\_
4. Quality of oral presentation, organization, and research summary. Average = \_\_\_\_\_  
Comments: \_\_\_\_\_
5. Ability to formulate analytical solutions to the questions posed. Average = \_\_\_\_\_  
Comments: \_\_\_\_\_

Overall Average = \_\_\_\_\_

- \_\_\_\_\_ Student passed at the PhD level.  
\_\_\_\_\_ Student failed, but may retake the exam no later than \_\_\_\_\_.  
\_\_\_\_\_ Student failed (terminal decision). The committee recommends:  
\_\_\_\_\_ The student attempt to complete the requirements for the MS I plan degree; or  
\_\_\_\_\_ The student be terminated from the Chemistry graduate program at the end of the semester.

**All Committee Members Section:**

_____ Committee Chair Name (Print)	_____ Signature	_____ Date
_____ Committee Member Name (Print)	_____ Signature	_____ Date
_____ Committee Member Name (Print)	_____ Signature	_____ Date
_____ Committee Member Name (Print)	_____ Signature	_____ Date
_____ Committee Member Name (Print)	_____ Signature	_____ Date
_____ Committee Member Name (Print)	_____ Signature	_____ Date

**Committee Chair: Please email form to the Graduate Advisor**