

# Department of Astronomy Research Examination Report

“The research project report is evaluated by the Research Exam Committee. They also conduct an oral examination on the subject of this research as well as related areas of astrophysics.” (Graduate Studies in Astronomy)

**Name of Student:** \_\_\_\_\_

**Exam Date:** \_\_\_\_\_

**Title of Research Paper:**

**Report:** Please include detailed comments on the strengths and weaknesses of the student’s completed work, including the paper, presentation, and knowledge of relevant background material. Include specific suggestions for improvement, if warranted.

The committee recommends a grade of:

Pass

Not Pass

**Signature:**

**Print Last Name:**

\_\_\_\_\_  
**Examination Chair**

\_\_\_\_\_  
**Advisor**

\_\_\_\_\_  
**Reader**

\_\_\_\_\_  
**Reader**