

UCI Samueli School of Engineering

Materials and Manufacturing Technology Comprehensive Exam Report

This form must be submitted to program coordinator, Katarina Barron (katarina.barron@uci.edu), **after your exam.**

Student Name: _____ Student ID: _____

Email: _____ Exam Date: _____

The committee's report on this examination is as follows:

Pass Fail

Name

Signature

Comments (if any):

Confirmed by (please sign):

Student

Date

MMT Program Director

Date