

THE DEPARTMENT OF  
**CHEMISTRY & BIOCHEMISTRY**  
FLORIDA STATE UNIVERSITY

Doctoral Written Candidacy Exam

Name/FSU ID \_\_\_\_\_

Title \_\_\_\_\_

Date Submitted to Committee \_\_\_\_\_ Result Date \_\_\_\_\_

Result:  Pass  
 Fail  
 Re-examine

Committee Examining Student (signatures & printed name of all committee members required)

\_\_\_\_\_ Major Professor

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ Committee Member

\_\_\_\_\_ University Representative

Upon completion, please submit this form to the Department of Chemistry and Biochemistry  
Student Affairs Office.

Date Submitted to CBSA: \_\_\_\_\_