



**Bren School of Environmental
Science & Management**
UNIVERSITY OF CALIFORNIA, SANTA BARBARA

Report on PhD Written Exam

Student First and Last Name: _____

The PhD Committee Report on the Written Exam is:

- Passed
 Failed
 Conditional Pass

Faculty Advisor Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Please list the conditions in the space provided, or attach them to this form, indicating "attached" below:

Terms of conditions have been met:

Faculty Advisor Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____