



UNIVERSITY OF MARYLAND

Physics Department

Office of Student and Education Services

1309 John S. Toll Physics Building, College Park, Maryland 20742-4111

Preliminary Research Presentation

Student Name: _____ Date: _____

Email Address: _____

Advisor: _____

Date Passed Qualifier: _____

Title of Research Presentation:

Date of Presentation: _____

Faculty Approval (2 required, at least one must be a tenured or tenure track member of the Physics Department):

Print Name Signature Date

Print Name Signature Date

For more details on the requirements, please visit our website.

Please return this form to the Graduate Program Coordinator in room 1309 in the Toll Physics Building.