

Result of Preliminary Examination

Department of Scientific Computing
FLORIDA STATE UNIVERSITY

Program Name: _____ Date: _____

Student's Name: _____ EMPLID: _____

Written Exam Date: _____ Oral Exam Date: _____

Exam Topics: ISC5315, Applied Computational Science I

ISC5316, Applied Computational Science II

Results of Examination

_____ **Pass** _____ **Fail** _____ **Conditional Pass** with the following conditions imposed:

Examination Committee

Print Name

Signature

Student Signature _____