



# UNIVERSITY OF MARYLAND

Physics Department

Office of Student and Education Services

1120 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 room 1120 in the Toll Physics Building, ATTN: Jessica Crosby