

*Request for Oral Examination needs to be submitted to the graduate administrative assistant within five days after the completion of the examination.*

**Department of Physics  
Syracuse University  
Request for RESEARCH ORAL EXAMINATION**

Student's Name: **Daniel Vander-Hyde** SUID # **54162-8575**

Date of Exam: **3-19-2019** Research Adviser: **Stefan Ballmer**

Topic: **LHO TCS commissioning for O3**

\_\_\_\_\_  
**Member** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Member** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Committee Chairperson** *(please print)*

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
**Advisor** (if different from Chairperson) *(please print)*

\_\_\_\_\_  
Signature and date

Examination Date: **3-19-2019** Time: **11:30 am**

Location: **LVC meeting 2019** *(reserve with Yudaisy Salomon Sargenton)*  
**(Grand Geneva Hotel, WI)**

\* \* \* \* \*

**Results:**    ☐ Pass    ☐ Fail

**Comments:** *(Optional; attach a separate sheet of comments if necessary)*

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\_\_\_\_\_  
**Signed (Committee Chairperson)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signed (Graduate Director)**

\_\_\_\_\_  
Date

*Copies to: Melissa Wike (for student file)*