

QUALIFYING EXAMINATION

On,,	(Student's news)
(Date)	(Student's name)
successfully passeddid not pas	ss the Qualifying Examination of the
(Graduate Program)	
Printed Name/Signature of Examini	ing Committee:
Chairperson	
Committee Comments (required):	
Student's Signature	Date

*Please keep a copy of this form for your records and also send one to the office of the Division of Biomedical Science Programs