



**COLLEGE OF MEDICINE  
AND LIFE SCIENCES**

THE UNIVERSITY OF TOLEDO

## Report of the Qualifying Examination

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Rocket Number: \_\_\_\_\_ Degree: \_\_\_\_\_

### Obtain Signature of Associate Dean of College of Medicine and Life Sciences Graduate Programs

I confirm that the above-named student has a cumulative GPA of 3.0 or higher and has obtained prior approval from their committee to prepare for and take this Qualifying Exam. I further confirm that the student has not taken the Grant Writing Workshop before taking this exam.

\_\_\_\_\_  
*Associate Dean*

\_\_\_\_\_  
*Date*

### Date of Exams (if given)

Written Exam or Proposal: \_\_\_\_\_ Oral Exam: \_\_\_\_\_  
*If Oral Exam is Waived, Initial Here*

Results of Examination: \_\_\_\_\_  
*If a failure is recorded, does the student elect to take a second examination?* \_\_\_\_\_

### Signatures

\_\_\_\_\_  
*Major Advisor or Program Director*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Committee Member*      \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Committee Member*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Committee Member*      \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Committee Member*      \_\_\_\_\_  
*Date*      \_\_\_\_\_  
*Committee Member*      \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*College of Graduate Studies Representative*  
*(when requested)*      \_\_\_\_\_  
*Date*