

Report of the Examination

Name		Program		
O Doctor of Philosophy in E	Biomedical Science	Master of S	cience in Biomedical Sciences	
** Obtain Program Director Signal Confirm that the above-named student had and authorize the student to take hte Qual	as completed all di	dactic courses in fulfillm		eir degree
	Program Director		Date	
Date of Written Exam or Proposal - i f Given	Date of Oral E	xam - i f Given	If Oral Exam is Waived, Initial Here	
esults of Examination: Pass	5 O F	ail		
Major Advisor or Program Director	Date	Committee Mem	ber	Date
Committee Member	Date	Committee Mem	ber	Date
ommittee Member	Date	Committee Mem	ber	Date
College of Graduate Studies Representative (when requested)			
f a failure is recorded, does the student elect	to take a second e	examination? \(\text{Yes}	. ∩No	