



**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 completed all didactic courses in fulfillment of the requirements for the student's degree.

I also confirm that, if the student has taken the Grant Writing Workshop before writing the Qualifying Examination, the two work products are significantly different.

\_\_\_\_\_  
*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*