



Health Science Campus

**REPORT OF Dissertation EXAMINATION**  
**PhD in Biomedical Science**

Name of Candidate Examined:

Title of Dissertation:

Area of Concentration:

Results of Examination:

Pass

Fail

Examination Committee

Signature/Date

(Major Advisor)

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**Graduate Faculty**

**Representative:**

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Date of Defense:

If a failure is recorded, does the examining committee recommend permission to take a second examination?

Yes  No