



**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