

BIOMEDICAL SCIENCES DOCTORAL PROGRAM

Preliminary Examination

Date: _____

Student Name: _____

1. *Written Examination*

Committee Member	Outcome Pass/Fail	Comments

2. *Oral Examination*

Committee Member	Outcome Pass/Fail	Comments

3. Overall Recommendation: #Vote

Pass	_____
Fail	_____
Defer	_____

4. Other Comments and Specific Recommendation:

5. _____
 Dissertation Director Signature Date

6. _____
 Student Signature Date