BMS | Department of Biomedical Sciences

WADSWORTH CENTER C-236 * 473-7553

QUALIFYING EXAMINATION PART I

This memo is to confirm that _____ has
(student)

☐ **PASSED** ☐ **CONDITIONAL PASS** ☐ **FAILED** **(check one)**

the Qualifying Examination Part I on _____.
(date)

Examination Committee Members present included:

Member:	_____	_____	_____
	(Print Name)	*(Signature)*	*(Date)*
Member:	_____	_____	_____
	(Print Name)	*(Signature)*	*(Date)*
Member:	_____	_____	_____
	(Print Name)	*(Signature)*	*(Date)*
Member:	_____	_____	_____
	(Print Name)	*(Signature)*	*(Date)*
Member:	_____	_____	_____
	(Print Name)	*(Signature)*	*(Date)*

Comments:

☐ **RETAKE**

☐ **Conditions to be satisfied to pass**
(see attached)

_____
(Committee Chair's Signature & Date)

_____
(Graduate Academic Committee Chair's Signature & Date)

_____
(Chairman's Signature & Date)

Date Recorded

cc: Mentor
Student