DEPARTMENT OF BIOLOGICAL SCIENCES
REPORT OF QUALIFYING EXAM

INSTRUCTIONS: THE MAJOR PROFESSOR IS RESPONSIBLE FOR COMPLETION OF THIS FORM AND RETURNING IT TO THE DEPARTMENT OF BIOLOGICAL SCIENCES FOLLOWING THE QUALIFYING EXAMINATION.

EXAM DATE: ___________________________________________________________

STUDENT NAME: ________________________________________________________

DEGREE: _______________________________________________________________

MAJOR PROFESSOR: ______________________________ ______________________________ PASS ☐ FAIL ☐
PRINT NAME                             SIGNATURE

SUPERVISORY COMMITTEE MEMBER: ______________________________ ______________________________ PASS ☐ FAIL ☐
PRINT NAME                             SIGNATURE

SUPERVISORY COMMITTEE MEMBER: ______________________________ ______________________________ PASS ☐ FAIL ☐
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PRINT NAME                             SIGNATURE

PLEASE REPORT THE STRENGTHS AND WEAKNESSES OF THE CANDIDATE’S RESPONSES TO QUESTIONS IF THE CANDIDATE DID NOT PASS THE EXAM IN THE SPACE BELOW.