

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
PRINT NAME SIGNATURE

SUPERVISORY
COMMITTEE MEMBER: _____ PASS FAIL
PRINT NAME SIGNATURE

SUPERVISORY
COMMITTEE MEMBER: _____ PASS FAIL
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.