

Qualifying Examination DATE

(See Article 9.7, Graduate School Policy Handbook for guidelines)

Submit to Graduate School N204



THE GRADUATE SCHOOL
OF BIOMEDICAL SCIENCES

Student Name: _____ BCM ID #: _____

Graduate Program: _____ Are you also in the MD/PhD Program? Yes No

Examination Date: _____	Time: _____	Room: _____
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Qualifying Examination Committee Members (signatures are **NOT** required - please TYPE or PRINT clearly):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Required Approvals

	Printed Name	Signature	Date
Major Advisor			
Major Advisor			
Program Director			
Dean of GSBS			

THIS FORM MUST BE SUBMITTED TO THE GRADUATE SCHOOL PRIOR TO THE EXAM DATE.