

Report of the Qualifying Examination for the Ph.D. Degree and Recommendation for Admission to Candidacy

Please return this for to the Neuroscience Program office

Student Name: _____

Date of qualifying examination _____ The student's performance on written and oral qualifying examinations was voted as follows by the supervisory committee:

Pass Conditional Pass Failed

Comments: Describe plans to complete coursework. Specify work required to complete the exam. Note any other factors impacting the program of study. Use additional pages or back if necessary.

Chair _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Advisor signature: _____ Date: _____

Student signature: _____ Date: _____