Qualifying Exam - Status Report

PATHOBIOLOGY PROGRAM

This form is to be completed by the Committee chair immediately after the defense meeting and returned to **MSB 586. Please attach a brief report that addresses your overall impression, recommendations, reservations, and proposed work for the next 6 – 12 months.**

Student Name: _____

Project Title: _____

Date of Thesis Defense: _____

Passed ☐ **Failed** ☐

If Passed, Date of Next Committee Meeting: _____

Committee Chair:

_____

Please Print Name Signature

Committee Members:

_____

Please Print Name Signature

_____

Please Print Name Signature

Clinical Advisor:

_____

Please Print Name Signature

Thesis Advisor:

_____

Please Print Name Signature

Student:

_____

Please Print Name Signature