

BIOLOGICAL SCIENCES GRADUATE PROGRAM (BISI) – QUALIFYING EXAM REPORT

In accordance with program policy, the qualifying exam was administered to the student named below, with an outcome as indicated.

Student name: _____ **Date of Exam:** _____
Concentration Area (circle one): BEES CBBG MOCB PSYS

Does this research require ACUC or IRB approval? _____

COMMITTEE MEMBERS (please print your full name, sign, and indicate your recommendation)

Name (print)	Signature	PASS (Yes or No)	If “No” identify area of weakness: <i>General Knowledge, Research, or Both</i>

OUTCOME (CHOOSE ONE)

The student does not pass the exam if two or more committee members indicate “No” for either general knowledge or research, or both.

1. The student PASSES the exam (see recommendations on next page).
2. The student DOES NOT PASS the exam, and:
 - a. The committee does not need to meet again. The requirements listed on the following page must be satisfied within _____ (not to exceed 9 months). Another Qualifying Exam Report form must be filed with the BISI Office upon satisfaction of these requirements.
 - b. The student may retake the exam; this must occur within 9 months of the exam date or the student’s matriculation will be cancelled.
 - c. The student may not retake the exam and will be dismissed from the doctoral program.

Signed: _____ Date: _____

_____ Date: _____

(Advisor OR Co-advisors should sign and date)

-----FOR OFFICE USE ONLY -----

Received by (initials & date) _____

Entered into database (initials & date) _____

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COMMITTEE RECOMMENDATIONS:

ACTIONS REQUIRED BY COMMITTEE

*Note: By definition, requirements indicate that the student did not pass. **Do not** enter anything here if the outcome is “pass”.*