

The Graduate Program in Genetics And Molecular Biology

Oral Qualifying Exam Report

Date: _____

Student: _____

Grade on Written Exam: _____

Mentor: _____

Names of Committee Members:

<u>Print Name</u>	<u>Signature</u>	<u>Grade (Excellent, Pass, Fail)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Committee Comments:

Please return completed form to the Director of Graduate Studies (DGS)