



# Qualifying Examination Date

(See Article 9.7 of the Graduate School Policy Handbook)



*This form is submitted to the Graduate School, Room N204*

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Are you in the MD/PhD program? Yes No

Exam Details		
Examination Date: _____	Time: _____	Room: _____

Qualifying Exam Committee Members		
<i>(Printed name, no signature required)</i>		

Required Approvals			
	<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>
Major Advisor:			
Major Advisor:			
Graduate Program Director:			
Dean, Graduate School of Biomedical Sciences:			

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