

## REPORT OF FINAL EXAMINATION/DISSERTATION DEFENSE GSBS

Candidate's Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Degree: Ph.D.  M.S.  Date of Examination: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

### Results of Examination:

- The candidate passed the examination. Dissertation accepted as presented.
- The candidate passed the examination. Dissertation requires revisions to be approved by the Program Director.
- Dissertation requires additional experiments and written revisions.
- The candidate did NOT pass the Final Examination/Dissertation Defense. The Chairperson of this committee will summarize the committee recommendations in a letter to the candidate and will forward a copy to the Graduate School of Biomedical Sciences within three days of the examination.

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We make the following recommendations:

### Examination Committee:

| Name (please print) | Signature | Concur                   | Dissent                  |
|---------------------|-----------|--------------------------|--------------------------|
| _____               | _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| Committee Chairman  |           |                          |                          |
| _____               | _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside Member      |           |                          |                          |
| _____               | _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| _____               | _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| _____               | _____     | <input type="checkbox"/> | <input type="checkbox"/> |

*\*The Program Director signing certifies that completion of ALL CORRECTIONS have been made to the written dissertation.*

Approval of Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Received (Associate Dean) \_\_\_\_\_ Date: \_\_\_\_\_