UMDNJ GRADUATE SCHOOL OF BIOMEDICAL SCIENCES
at Robert Wood Johnson Medical School

EXEMPTION / ALTERNATIVE WRITTEN QUALIFYING EXAM FORM

Student Name: _____

Graduate Program: _____

Reason for exemption: _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Mentor: _____ Date: _____

Program Director: _____ Date: _____

Sr. Associate Dean: _____ Date: _____

675 Hoes Lane • Piscataway, NJ 08854 • Phone: (732) 235-5016 • Fax: (732) 235-4720
Web site: http://www2.umdnj.edu/gsbspweb/index.htm
Committed to diversity in education, healthcare and employment