

**CELL AND DEVELOPMENTAL BIOLOGY**

Comprehensive Examination Registration – Part II, Oral

- 1<sup>ST</sup> EXAMINATION
- RE-EXAMINATION

**STUDENT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EXAMINATION COMMITTEE:**

\_\_\_\_\_  
CHAIRPERSON NAME

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
MENTOR NAME

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
ADD-ON MEMBER NAME

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
ADD-ON MEMBER NAME

\_\_\_\_\_  
Member Name

**EXAMINATION SCHEDULE:**

First Committee Meeting Date (mid- to late-fall, Year-1) \_\_\_\_\_

Oral Exam Date (June 15<sup>th</sup> deadline) \_\_\_\_\_

Location/Time \_\_\_\_\_

NOTE: Students requesting an exception to the stated deadlines must do so in writing citing specific reasons and attach to this form. Exceptions must be approved by the Thesis Committee, Examination Committee Chair, Academic Advisory Committee Chair, and Program Director.

**COMMITTEE EVALUATION/RECOMMENDATION**

- Pass unconditionally
- Pass with specific conditions
- Unsatisfactory – recommend reexamination (see below)
- Unsatisfactory – recommend Master's degree option (see below)
- Unsatisfactory – recommend termination from program (see below)

Comments (attach additional page(s) as necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

Thesis Mentor \_\_\_\_\_

CDB Program Director \_\_\_\_\_