

CELL AND DEVELOPMENTAL BIOLOGY
Comprehensive Examination Registration – Part II, Oral

- 1ST EXAMINATION
 RE-EXAMINATION

STUDENT'S NAME: _____

DATE: _____

THESIS MENTOR: _____

EXAMINATION COMMITTEE:

Chairperson Name

Member Name

Member Name

Member Name

Member Name

Member Name

Member Name

Member Name

EXAMINATION SCHEDULE:

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

Oral Exam Date (June 15th 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

Please attach detailed comments to this form.

- 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 _____