

## SBS Qualifying / Preliminary Examination Report Form

<b><i>School of Biological Sciences</i></b>	<b>Qualifying / Prelim Examination Report Form</b>
Student Name:	
uNID:	
Degree (MS or PhD):	
Program (EEOB/MCEB):	
Exam Date:	
Results (Pass/Fail):	
• If Fail: Retake date and result (pass/fail)	
Chair of Exam Committee:	
Faculty Attendees:	
Comments:	
Chair of Examination Committee Signature:	

***For an electronic copy of this form, please contact the SBS Graduate Program Office.***