



BROWN  
Pathobiology Graduate  
Program

# Preliminary Qualifying Exam Report

Student name: \_\_\_\_\_

Matriculation Year: \_\_\_\_\_

Qualifying Exam Date: \_\_\_\_\_

**Overall Evaluation:**                       Pass                       Conditional Pass                       Fail

**Written Proposal Evaluation:**         Pass                       Conditional Pass                       Fail

**Oral Defense Evaluation:**             Pass                       Conditional Pass                       Fail

## Approved for submission to the Pathobiology Graduate Program:

Committee Chair                      \_\_\_\_\_                       Yes                       No

Committee Member                      \_\_\_\_\_                       Yes                       No

Committee Member                      \_\_\_\_\_                       Yes                       No

Student                      \_\_\_\_\_                       Yes                       No

Faculty Advisor                      \_\_\_\_\_                       Yes                       No