Medical College of Wisconsin
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

REPORT OF THE FINAL EXAMINATION

☐ DOCTOR OF PHILOSOPHY DEGREE
☐ MASTER’S DEGREE

Instructions: This form must be completed and submitted to the Graduate School after the student has finished the final examination.

NAME OF CANDIDATE: _________________________________________________________________

LAST     FIRST    MIDDLE

DEPARTMENT/PROGRAM: ________________________________________________________________

☐ Recommends that the candidate be awarded the degree.
☐ Does not recommend that the candidate be awarded the degree.

In the event that the candidate is not recommended for the degree: It is recommended by the department/program that the candidate be:

☐ Advised to withdraw from the academic program.
☐ Permitted to continue under the following conditions:

EXAMINATION COMMITTEE:

__________________________________________________________________, Chairperson

PRINTED NAME                                   SIGNATURE

PRINTED NAME                                   SIGNATURE

PRINTED NAME                                   SIGNATURE

PRINTED NAME                                   SIGNATURE

PRINTED NAME                                   SIGNATURE

PRINTED NAME                                   SIGNATURE

APPROVED BY:
DEPARTMENT/PROGRAM CHAIRPERSON: ___________________________ SIGNATURE ___________________________ DATE

(revised 2009)