Print Form

Medical College of Wisconsin
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

DOCTORAL QUALIFYING EXAMINATION EVALUATION FORM

Instructions: Each member of the qualifying exam committee must complete this form, including the Chairperson. These forms along with the Chairperson's report must be submitted to the Graduate School after the qualifying exam.

NAME OF CANDIDATE: _____
LAST FIRST MIDDLE

EXAMINATION DATE:_____

1. In my judgment the student's performance on the Qualifying Examination was:

☐ Satisfactory ☐ Unsatisfactory

2. Comments: (special strengths and weaknesses, criticism of the examination, etc.)

3. If, in your judgment the student's performance was unsatisfactory, under what conditions do you recommend re-examination? Please be specific in any recommendations you make concerning further courses or readings to be completed, etc.

COMMITTEE MEMBER: _____
PRINTED NAME

_____
SIGNATURE

_____
DEPARTMENT/PROGRAM

(revised 2009)