



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

APPROVED BY:
DEPARTMENT/PROGRAM CHAIRPERSON: _____
SIGNATURE DATE