



GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

THESIS PROPOSAL – MS in Molecular Pathology and Immunology Program

QUALIFYING EXAMINATION

Student's Name

GBG Mentor

GSBS Mentor-of-Record

Date of Exam

Examination result:

Passed Conditional Pass (additional work required) Failed

Comments and Recommendations:

Thesis Advisory Committee:

Name		Signature	Concur		Dissent
Mentor	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GSBS Office Signatures:

Program Director	<input type="text"/>	Date	<input type="text"/>
Senior Associate Dean	<input type="text"/>	Date	<input type="text"/>

Please complete this form and give a *printed* copy to the student to collect signatures.