



RESULTS OF QUALIFYING EXAMINATION

IMPORTANT: After the examination, this form with signatures of committee members, including final outcome, should be delivered to the department or program office. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and forwarded to the Graduate School, 411 Kirkland Hall.

TO: Associate Dean of the Graduate School

This is to inform you that

(Student's Name)

(Student's I.D. Number)

(Dissertation Advisor)

Date of Exam: _____

Date of Final Outcome: _____
(Could be same as Date of Exam)

Passed Failed

Department/Program: Pharmacology

Members of the Committee

Please Type Name:	Signature:
_____, Chair	_____
_____, Mentor	_____
_____	_____
_____	_____
Christine Konradi , ex officio	_____

Director of Graduate Studies: _____
Signature Date