Qualifying Exam Evaluation

Use the rating scale provided to evaluate the criteria for each exam component below.

| Student Name: | | | | Student ID#: | | |
|--|-------------------------------------|-------|---------|--------------|---------------------------|--|
| Date Meeting Held: | | | | Advis | sor Name: | |
| Date Meeting Heid. | (month) | (day) | (year) | | ent Major: Cancer Biology | |
| Rating Scale: : 4 = Exceeds Expectations, 3 = Meets Expectations, 2 = Needs Work, 1= Unsatisfactory | | | | | | |
| | | | | | | |
| Written Component | | | | | | |
| 1. Appropriateness – Timeliness and importance of topic | | | | | | |
| 2. CI | 2. Clarity of written communication | | | | | |
| 3. Ability to organize scientific data | | | | | | |
| 4. Accuracy of interpretation | | | | | | |
| Overall Rating for Written Component | | | | | | |
| Oral Presentation/General Knowledge Component | | | | | | |
| | | | | | | |
| 1. Ability to organize scientific data – Slide Presentation | | | | | | |
| 2. Clarity of thought in verbal presentation 3. Ability to interpret and answer questions appropriately. | | | | | | |
| 3. Ability to interpret and answer questions appropriately4. Familiarity with research literature | | | | | | |
| 5. General Knowledge of: Biochemistry | | | | | | |
| 6. General Knowledge of: Cell Biology | | | | | | |
| 7. General Knowledge of: Molecular Biology | | | | | | |
| 8. General Knowledge of: Cancer Biology | | | | | | |
| 9. General Knowledge of: Statistics | | | | | | |
| 10. Understanding of the principles of RCR | | | | | | |
| Overall Rating for Oral Presentation/General Knowledge Component | | | | | | |
| Overall Result | | | | | | |
| Pass | | | | | | |
| For an overall result of a Fail , the committee Chair will complete a QE Report Addendum with an explanation of unsatisfactory ratings and an expected date for the student to submit written corrections or retake all, or portions of the oral exam. The QE Report Addendum should be forwarded, within 24 hours of receipt of the Addendum form, to the Student, the Committee, the DGS: Jin Chen and the program coordinator. | | | | | | |
| Please Type Name: Signature: | | | | | | |
| | | | ,Chai | | -8 | |
| Director of Graduate Jin Chen, M.D., Ph.D | | | Signati | ure | Date | |