

CELL AND DEVELOPMENTAL BIOLOGY

Comprehensive Examination Registration – Part I, Written

- 1ST EXAMINATION
 RE-EXAMINATION

STUDENT'S NAME: _____

DATE: _____

THESIS MENTOR: _____

EXAMINATION COMMITTEE:

Chairperson Name _____

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Member Name _____

Member Name _____

EXAMINATION SCHEDULE:

First Committee Meeting Date (mid- to late-fall, Year-1) _____

Written Exam Date (March 1st deadline) _____

Location/Time _____

NOTE: Students requesting an exception to the stated deadlines must do so in writing citing specific reasons and attach to this form. Exceptions must be approved by the Thesis Committee, Examination Committee Chair, Academic Advisory Committee Chair, and Program Director.

COMMITTEE EVALUATION/RECOMMENDATION

- Pass unconditionally
 Pass with specific conditions
 Unsatisfactory – recommend reexamination (see below)
 Unsatisfactory – recommend Master's degree option (see below)
 Unsatisfactory – recommend termination from program (see below)

Comments (attach additional page(s) as necessary): _____

SIGNATURES

Thesis Mentor _____

CDB Program Director _____