

## Department of Microbiology and Immunology Comprehensive Exam Report

Student name:		Exam Date:	
Thesis advisor:			
Examination Committee Members		Absent:	
Chair:		Signature:	
<b>Evaluation:</b> 1. Research Proposa	al (Indicate pass, fail, or con	ditional pass):	
<ol> <li>Oral Presentation</li> </ol>	(Indicate pass, fail, or cond	ditional pass):	
	(	,	
Student's Signature		Si	upervisor's Signature

## **Directions for completing Report on Comprehensive Exam Form**

## In case of conditional pass of the oral part of the exam

The chair will explain the deficiency, and set a date or deadline for the re-exam (agreed upon by the committee members). The student, supervisor and chair will sign the report and the chair will be responsible for delivering the form to the graduate secretary for distribution. At the reexam, if the defense is successful, the supervisor, chair and student will sign the sections below, and the chair will give this form to graduate secretary.

Chair	Supervisor	Student	
Date:			
deadline for submitting members). The student responsible for delivering of the form after the examiners, as well as the the date specified, (b) obtthey have given their app	deficiency and what need the revised proposal will of the supervisor and chair will the form to the graduate sem. It will be the student's chair and graduate secretary tain signatures at the botto	s to be done to correct the problem. A be set (agreed upon by the committee I sign the report and the chair will be cretary. Everyone involved will get a copy responsibility to (a) provide each of their y, with a copy of their revised proposal by am of this form from each examiner after the the examiners' signatures to the chair.	
Examiner's name	Signatu	re	
Examiner's name	Signatu	Signature	
Examiner's name	Signatu	Signature	
Supervisor's signature	Student	Student's signature	
Chair's signature		Date	