



Department of Microbiology and Immunology
Comprehensive Exam Planning Report

Student name: _____

Thesis advisor: _____

Date: _____

Committee
Members
Present:

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Absent:

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Examiner

Topics

Name of examiner

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Name of examiner

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Name of examiner

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Please use the back of this form if you require more space.

Title of Thesis Proposal:

Date:		Time:		Location:	
Topics approved:		Yes		No: Reason	Chair
Graduate advisor's signature:					