

ORAL QUALIFYING EXAMINATION DECISION FORM

Upon completion of your Oral Examination, this form must be signed by each member of your Advisory Committee.

Student Name: _____

Date of Exam: _____

	<u>Print Name</u>	<u>Signature</u>
Research Advisor:	_____	_____
Committee Member:	_____	_____
Committee Member:	_____	_____
Committee Member:	_____	_____
Committee Member:	_____	_____
Committee Member: (optional)	_____	_____

Note – One member must not be in Biochemistry & Molecular Biology Graduate Program; at least one member must be from UMBC and at least one member must be from UMB.

_____ **Pass**

_____ **Retake exam in 3 months^{*}** (the requirements for the second examination are listed below by the committee)

_____ **Fail, award terminal MS if eligible (requires good academic standing (3.0 GPA) and course requirements completed)**

^{*} **Note: A student may retake the exam only once; therefore, at the 2nd exam, a Pass or a Fail grade must be given. One cannot take the Qualifying exam a 3rd time.**

Approved: _____
Gerald M. Wilson / Michael F. Summers
Program Director / Co-Director

Date: _____

Comments (use separate sheet if necessary):

