

**Exam Approval**

Committee Chairperson Signature: Date:

Exam Passed

Yes

No

Passed Exam with:

Honors Satisfactory

Completion of Comprehensive Oral Exam for Doctorate

Pre-approval must be granted at least two weeks prior to the completion of the comprehensive oral exam.

**Department:** Bioengineering Graduate Program **Student Name: Student ID**: **Track of Study:**

**Research Skills and Residency**

Research skills met in (semester/year): BIOE 800 Responsible Scholarship Requirement met (semester/year): BIOE 801 Residency requirement met: (semester/year)

**Comprehensive Exam**

**Date of Exam**: **Time**: **Location**:

**Title:**

**Exam Committee Members:**

**Name**

**Member Title**

**In- Person**

**Mediated Attendance**

Chair

Co-Chair or Member

Member

Member

Graduate Studies Rep.

Optional Member