

Completion of Master's Exam

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

Department: Bioengineering

Student Name: _____ Student ID: _____

Track of Study: _____

Exam Date: _____ Time: _____ Location: _____

Title: _____

Exam Committee Members:

<u>Name</u>	<u>Member Title</u>	<u>In- Person</u>	<u>Mediated Attendance</u>
_____	Chair	<input type="checkbox"/>	
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Optional Member	<input type="checkbox"/>	<input type="checkbox"/>

Exam Approval:

Committee Chairperson: _____

Committee Chairperson Signature: _____ Date: _____

Exam Passed Yes No

Passed Exam with: Honors (If applicable) Satisfactory