

Completion of Final Oral Exam for Doctorate

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

# Department:

Bioengineering **\_**

# Student Name: \_Student ID:

**Track of Study: \_**

|  |
| --- |
| **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 |  |  |

**Exam Approval**

Committee Chairperson Signature: Date:

Exam:

Yes

No

Passed Exam:

Honors

Satisfactory