

**Exam Approval:**

**Committee Chairperson: Committee Chairperson Signature:** Date:

Exam Passed

Yes

No

Passed Exam with:

Honors (If applicable)

Satisfactory

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:**

**Name**

**Member Title**

**In-**

**Person**

**Mediated**

**Attendance**

Chair

Member

Member

Optional Member