



GRADUATE PROGRAMS IN THE BIOMEDICAL SCIENCES

BELFER BUILDING - ROOM 202 | TEL: (718) 430-8682 | FAX: (718) 430-8655

QUALIFYING EXAMINATION FORM 3

Date, Time, Location of Qualifying Exam

Student Name: _____

Student E-mail: _____

Department: _____

Mentor: _____

*Tentative Title of Qual Proposal: _____

Confirmed Members of Examination Committee:

1. _____ (Chair)

2. _____

3. _____

4. _____

TO BE COMPLETED BY THE STUDENT (Please print)

Please confirm date and time of exam and return this form to the Graduate Office, **Room 202 Belfer** by: **March 12, 2012.**

Date and Time of Exam (allow 2 hours): _____

Location (room #) of Exam: _____

Student Signature **Date**

* This title can change before the exam.