

Report of Preliminary Examination

Department of Neurobiology and Anatomy

Student: _____ Lab: _____

Date of examination:

Pass

Conditional Pass

Fail

(specify conditions in box)

Comments: Describe plans to complete coursework. Specify work required to complete the exam. Note any other factors impacting the program of study. Use additional pages or back if necessary.

	Department	Signature
Chair		
Member		
Member		
Member		
Member		
Member		

Advisor signature: _____ Date: _____

Student signature: _____ Date: _____

Entered in Graduate Student Degree Tracking by: _____ Date: _____
(Initial - DGS or Admin Sec)