



REQUEST OF THE COMPREHENSIVE EXAMINATION

I request the Comprehensive Examination for the

 Program (PhD, MS, MA)

 Research Interest

The student must be registered for the semester in which the examination will be administered.

I certify that I have properly disclosed all intellectual property (e.g. patentable inventions or copyrightable work) to the Graduate Programs in Biomedical Sciences Office as required in the Thesis Manual.

 Student's Signature

 Date (MM/DD/YY)

 Name Type or Print (Last, First Middle)

 Student ID number

Advisory Committee Endorsement:

The comprehensive examination has been scheduled for _____
 (Hour, Month, Day, Year)

at the following location _____
 (Building, Room Number)

| 1. Chair | Type or print name | Department | Date (M/D/Y) | Signature |
|----------|--------------------|------------|--------------|-----------|
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

Graduate Program in Biomedical Sciences Approval:

_____ Approved _____ Approved with Condition(s) _____ Disapproved

Conditions/Reason(s) for disapproval:

Graduate Program Administrator or
Associate Dean for Research and Graduate Studies

Date (MM/DD/YY)

ORIGINAL: Graduate Program in Biomedical Sciences Office

Copy: Student
 Office of the Registrar
 Graduate Program in Biomedical Sciences Office
 Advisory Committee Members