



## UMDNJ-Graduate School of Biomedical Sciences

### QUALIFYING EXAMINATION COMMITTEE APPROVAL FORM

Student's Name \_\_\_\_\_ A00 \_\_\_\_\_

Program/Track \_\_\_\_\_

Date of Exam \_\_\_\_\_ Mentor \_\_\_\_\_

**Proposed Examination Committee:** 5 members required, at least 2 from outside the major department

Name	Title	Department	Institution
_____	_____	_____	_____
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**Format of Examination:**

Class Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program/Track Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

**[Leave Blank]**

Graduate  
credits awarded: \_\_\_\_\_ GPA \_\_\_\_\_ GSBS Approval \_\_\_\_\_  
Date \_\_\_\_\_