



FLORIDA STATE UNIVERSITY
The College of Medicine

QUALIFYING EXAM RESULTS FORM PART 2 - RESEARCH PROPOSAL

This form is to be submitted to the Graduate Program Specialist **each time** the student presents their research proposal. This form certifies the results of the student's proposal defense. A signed form indicating successful proposal defense must be on file before the student may be admitted into Ph.D. candidacy.

If the student successfully defends the proposal before the 7th week of the semester, they may request permission of their committee, department chair, and academic dean to "switch" current courses in which they are enrolled to dissertation hours for that semester.

Indicating on this document that you plan to request the switch does not guarantee that the request will be approved. Please see the Graduate Program Specialist to complete the required paperwork.

STUDENT INFORMATION:

Name: _____ **EMPLID:** _____

Student E-mail: _____

Department: _____ **Major:** _____

RESULTS:

Please select one for each of the following sections and indicate the date when the decision was made.

Written Research Proposal: PASS FAIL RE-EXAMINE **Date:** _____

Oral Defense of Research Proposal: PASS FAIL RE-EXAMINE **Date:** _____

 Major Professor Signature

 University Representative Signature

 Committee Member Signature

 Committee Member Signature

 Committee Member Signature