FSU | MEDICINE

Qualifying Exam Results Form

Part 1 – Preliminary Exam

This form is to be submitted to the Graduate Program Specialist **each time** the student attempts the preliminary examination. This form certifies the results of the student's preliminary examination.

A signed form with a majority vote of "Pass" (oral and written) must be on file before the student may progress to Part 2 of the Qualifying Exams (Research Proposal).

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 Preliminary Exam: ☐ Pass ☐ Fail ☐ Re-examine **Date:** _____

Oral Defense of Preliminary Exam: ☐ Pass ☐ Fail ☐ Re-examine **Date:** _____

Major Professor	Signature
University Representative	Signature
Committee Member	Signature
Committee Member	Signature
Committee Member	Signature