

FLORIDA STATE UNIVERSITY The College of Medicine

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:** EMPLID: Name: \_\_\_\_\_ 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 Signature University Representative **Committee Member** Signature **Committee Member** Signature

Committee Member

Signature