Notre Dame Bioengineering Graduate Program

Qualifying Examination Report

Committee members: Please complete your sections after the scheduled QE Exam

PLEASE PRINT:

Student: _____ ND ID#: _____

Advisor: _____ Date of Exam: _____

Co-Advisor (if applicable): _____

Committee Member: _____ Dept.: _____

Committee Member: _____ Dept.: _____

Committee Member: _____ Dept: _____

Two of the three committee members must indicate scores in the passing range in order to pass.

Committee Signatures:	Pass	Fail
_____ Committee Member	Ex VG G ☐ ☐ ☐	F P ☐ ☐
_____ Committee Member	Ex VG G ☐ ☐ ☐	F P ☐ ☐
_____ Committee Member	Ex VG G ☐ ☐ ☐	F P ☐ ☐

PASS ☐ *FAIL* ☐

Program Director: _____ Date: _____

Revised 8/2022