UNIVERSITY OF NOTRE DAME | BIOENGINEERING GRADUATE PROGRAM

Oral Qualifying Examination Report

Student: Please complete this form and provide it to your committee for grading and signatures. Return it to the Bioengineering Managing Director once complete.

Name/ NDID: _____ QE Exam Date: _____

Advisor: _____ Co-Advisor:: _____

Committee Member/Department: _____

Committee Member/Department: _____

Committee Member/Department: _____

Committee members: Please grade the student and indicate pass or fail. Two of three committee members must indicate scores in the passing range in order for the student to pass.

Committee Member Signature	Excellent	Very Good	Good		Pass	Fail

Program Director: Pinar Zorlutuna

Director Signature: _____ Date: _____

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