UNIVERSITY OF NOTRE DAME | BIOENGINEERING GRADUATE PROGRAM

Written QE Report Grading Form

Student: Please complete this form and provide it to your committee with your 5-7 page written QE Report. The committee must have ample time to read your paper PRIOR TO completing the oral component of your QE.

Name and NDID: _____ Date of Oral Exam:_____

Advisor: _____ Co-Advisor: _____

Committee Member and Department:_____

Committee Member and Department:_____

Committee Member and Department: _____

Committee Members: Please grade the student's report and indicate pass or fail. Two of the three committee members must indicate scores in the passing range in order for the student to pass the written portion of the Qualifying Exam.

Committee Member Signature	Excellent	Very Good	Good		Pass	Fail

Program Director: Pinar Zorlutuna

Director Signature: _____ Date: _____

Formatting Revised 3.1.26