



SCHOOL OF MEDICINE
*Graduate Program in
Biomedical Sciences*

Preliminary Examination

To: Assistant Dean and/or Co-Director of the Biomedical Sciences Graduate Program

This is to certify that on _____ my student, _____
Date Student Name

ID _____ successfully passed the Preliminary Examination for the PhD degree
Tulane ID number
in Biomedical Sciences. The proposition was entitled, _____

Examination Committee

Dissertation Advisor

Signature

Dissertation Committee Member

Signature

Dissertation Committee Member

Signature

Dissertation Committee Member

Signature

Dissertation Committee Member

Signature

Dissertation Committee Member

Signature

Note: Student may be eligible for Admission to Candidacy after passing Prelim Exam.