

MEDICAL SCHOOL
*Graduate Program in
Biomedical Sciences*

Preliminary Examination

Date: _____

TO: Graduate Program in Biomedical Sciences

FROM: _____

This is to confirm that on _____ my student, _____
successfully passed the Preliminary Examination for the Ph.D. degree 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