



School of Graduate Studies – Qualifying Examination Form

Return this completed form to the Graduate Office, BSB 3-114A
State University of New York Downstate Medical Center
450 Clarkson Avenue, MSC 41, Brooklyn, NY 11203-2098 • Phone 718 270-2739 Fax 718 270-3378
E-mail: ethrockmorton@downstate.edu

Student Name: _____ Date: _____

Final Outcome of Examination Proposal and its defense:

- fully acceptable
- acceptable with modifications
- unacceptable

Committee Members:

Reporting Member (print): _____ Signature: _____

Member (print): _____ Signature: _____

Member (print): _____ Signature: _____

Member (print): _____ Signature: _____

Requirements for Pass if Outcome is acceptable with modifications ONLY:

Deadline for completing requirements: _____

Please submit this form not later than one week post-exam.