Program in Speech and Hearing Bioscience and Technology
Division of Medical Sciences

Report on the Oral Qualifying Examination

Note to the Qualifying Exam Committee Chair: Please complete all fields, sign and date, and send (1) this form and (2) a copy of the student's qualifying exam paper to the SHBT Program Coordinator at SHBT_Program@hms.harvard.edu.

Student's name: _____ Year of entry: _____

Student's Area of Concentration (Check one or two):
☐ Physiology and Neuroscience ☐ Perception and Cognition ☐ Signal and Systems Analysis
☐ Speech and Language ☐ Speech-Language Pathology (SLP)

Dissertation Advisor: _____

Title of qualifying exam paper: _____

Exam date: _____ Exam time: _____

Exam location: _____

Qualifying Exam Committee:

_____ _____
Member Member

_____ _____
Member Member

_____
Qualifying Exam Committee Chair

Exam result (select one): ☐ **Clear pass** ☐ **Conditional Pass** ☐ **Continuation** ☐ **Fail**

Summary of results (justification required in the case of failure, or continuation of exam to a later date; if conditional pass, state suggested conditions):

Signature of Chair: _____ Date Submitted: _____