

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: _____

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: _____