

**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: \_\_\_\_\_