

Report on Qualifying Examination for Admission to Candidacy

Please print or type.			
First name:		SF ID or UC ID:	
Last name:		UCSF email:	
Graduate program:			
The committee in charge reports upon ap give names of committee members):	plicant's q	ualifying examination as follows (under each	ch item
Please print or type names of committee	members.		
Favorably		Unfavorably	
	, Chair		_, Chair
Date of examination	-	Recommend second examination?	Yes
		Note: If yes, the committee must be the same as for the original exam.	No
In attendance throughout the examination "All" if complete committee was present.	n. Type	In partial attendance.	
	 Abs	sent	
Signature		date:	

Chairperson of the committee on qualifying examination