

**DEPARTMENT OF INTEGRATIVE BIOLOGY  
QUALIFYING EXAM**

Student Name \_\_\_\_\_ Exam Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Committee Members (Four are required, Print names)

Signatures

1. \_\_\_\_\_  
Primary Advisor

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

6. \_\_\_\_\_

Results (check one)

\_\_\_\_\_ Pass

\_\_\_\_\_ Pass Conditional (see below)

\_\_\_\_\_ Retake

\_\_\_\_\_ Fail

Requirements:

Recommendations:

Return this document to B154 Birge Hall when completed following the Qualifying Exam  
2/00 c/cate/sch doc and handout/ Qualifying Exam