

**DEPARTMENT OF ZOOLOGY
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 145 Noland Hall when completed following the Qualifying Exam

2/00 c/cate/sch doc and handout/ Qualifying Exam