



Tufts
UNIVERSITY

Sackler School
of Graduate
Biomedical Sciences

Qualifying Examination Form

To the Dean of the Sackler School of Graduate Biomedical Sciences:

This is to certify that

(STUDENT'S NAME)

has successfully passed his/her qualifying proposal/exam

on

(DATE)

in

(PROGRAM)

before a committee composed of the following members.

(COMMITTEE CHAIR)

(EXAMINER)

(EXAMINER)

(EXAMINER)

(QUALIFIER ADVISOR, if applicable)

Comments:

Signature: _____

(QUALIFIER ADVISOR or PROGRAM DIRECTOR)

(DATE)