Copies to: Genetics Program Office
Guidance Committee
Student

MICHIGAN STATE
UNIVERSITY

GENETICS AND GENOME SCIENCES GRADUATE PROGRAM
RECORD OF COMPREHENSIVE EXAMINATION
PHD DEGREE CANDIDATES

Student's Name_____
Last, First Middle Initial

Proposal Title_____

Result of Written Comprehensive Examination (Research Proposal)

Examiner	Signature	Date (MM-DD-YY)	Pass, Conditional Pass, or Fail

Result of Oral Comprehensive Examination

Examiner	Signature	Date (MM-DD-YY)	Pass, Conditional Pass, or Fail

Conditions to Meet if Conditional Pass_____

_____

Comments_____

_____

Overall Pass, Conditional Pass, or Fail? _____

Signed _____ _____
Chairperson of Examination Committee Date

Signed _____ _____
Director of the Genetics Program Date