GRADUATE PROGRAM IN NEUROSCIENCE
RECORD OF PH.D. STUDENT COMPREHENSIVE EXAMINATION

Student’s Name ________________________________ Students’ Program _____________

Student’s Advisor Name ________________________________________________________

Committee Members Names __________________________________________________ (Chair)

Committee Meeting Date _________________________

Answer questions 1-3 using the following scale: 1 = Pass; 2 = Conditional Pass; 3 = Fail

1. With regard to the written test, the student’s performance was rated as: _____
   
   Comments:

2. With regard to the oral presentation, the student’s performance was rated as: _____
   
   Comments:

3. With regard to the student’s oral responses, the student’s performance was rated as: _____
   
   Comments:

Recommendation of committee: ________________________________

__________________________________ ___________
Signature (Chair)    Date

__________________________________ ___________
Signature      Date

__________________________________ ___________
Signature     Date