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