

MEMORANDUM

DATE:

TO: Dr. Celilia Nunes, CMMB Graduate Program Director

FROM: Graduate Committee for _____

SUBJECT: MS Oral Qualifying Examination

This is to certify that the student named above has taken the **oral portion** of the MS Qualifying Examination.

Date of Exam

Dr. _____, Major Professor

Complete / Retake

Dr. _____

Complete / Retake

Dr. _____

Complete / Retake

Dr. _____

Complete / Retake

Comments: _____

cc: Student
Major Professor