

Request for DVSc Qualifying Examination (Pathobiology)

Name: _____ Student # _____ Advisor: _____

Suggested Examination Committee*

Chair (Graduate Coordinator, Dept. Chair or designate) not on advisory committee	
1. Member of Graduate Faculty (member of Pathobiology Department but <u>not</u> member of Advisory Committee)	
2. Member of Graduate Faculty (<u>not</u> member of Advisory Committee)	
3. Member of Advisory Committee	
4. Member of Advisory Committee	

Examination areas		Examiners Responsible
General area		
Specific area 1		
Specific area 2 (if needed)		

	Suggested dates (dd/mm/yyyy)
Deadline for student to receive written instructions from each examiner (at least two months before proposed examination date)	
Written examination	
Oral examination (approx. 1 week later)	

Signatures and dates

Advisor	Graduate Coordinator	Department Chair

This form must be completed no later than the end of the student's fifth semester. Prior to the end of the sixth semester, the DVSc student is required to pass a qualifying examination.