



COLLEGE OF MEDICINE  
AND LIFE SCIENCES

THE UNIVERSITY OF TOLEDO

## Report of the Qualifying Examination

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Rocket Number: \_\_\_\_\_ Degree: \_\_\_\_\_

### Date of Exams *(if given)*

Written Exam or Proposal: \_\_\_\_\_ Oral Exam: \_\_\_\_\_  
*If Oral Exam is Waived, Initial Here*

**Results of Examination:** \_\_\_\_\_ *If a failure is recorded, does the student elect to take a second examination?* \_\_\_\_\_

I confirm that the above-named student has obtained prior approval from their committee to prepare for and take this Qualifying Exam. I further confirm that the student has not taken the Grant Writing Workshop before taking this exam.

### Printed Name

_____	_____	_____
<i>Committee Chair</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Committee Member</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Committee Member</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Committee Member</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Committee Member</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Committee Member</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Graduate Faculty Representative</i>	<i>Signature</i>	<i>Date</i>

**Please send this signed report and a copy of your Qualifying Exam to the Senior Associate Dean of College of Medicine and Life Sciences Graduate Programs (Kandace.Williams@UToledo.edu)**

_____	_____	_____
<i>Senior Associate Dean of College of Medicine and Life Sciences Graduate Programs</i>	<i>Signature</i>	<i>Date</i>