



INTERDISCIPLINARY NEUROSCIENCE PH.D. PROGRAM

RESULTS OF CANDIDACY EXAM

With successful completion of all portions of the exam, Form #4 is completed and signed by the committee members and the graduate coordinator and forwarded with the graded exam to the Administrative Office for addition to the student file. The oral exam must be graded by committee members using the Oral Rubric.

STUDENT NAME: \_\_\_\_\_ G# \_\_\_\_\_ DATE: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates Administered and Results:

Written: \_\_\_\_\_ Results: \_\_\_\_\_

Oral: \_\_\_\_\_ Results: \_\_\_\_\_

Additional Requirements for Completion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dissertation Committee

Table with 2 columns: Name, Signature. Rows for Committee Chair & Affiliation, and five Member & Affiliation entries.

Dissertation Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(SIGNATURE)

Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(SIGNATURE)

COS Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(SIGNATURE)