Ph.D. Program in Nutritional and Metabolic Biology
Qualifying Exam

(Confidential Report)

Student: ___________________________________

Date: ________________________________

(Circle one) Pass / Contingent Pass (Please indicate conditions) / Fail

Is the student expert enough in his/her field of research interest to pursue thesis research? _________

Is the student qualified to do the laboratory bench research for a Ph.D. project? _________

Additional comments and recommendations:

NAME ___________________________ SIGNATURE ___________________________

Chair: ___________________________ ___________________________

Members of the Committee ___________________________ ___________________________

___________________________ ___________________________

Mentor ___________________________ ___________________________

The Committee Chair should attach a copy of the written part of the Qualifying Exam to this form and return them to the Institute of Human Nutrition, attention of Ms. Leslie De Peña, PH 15 East, Room 1512.