



# GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

University of Medicine & Dentistry of New Jersey

## REPORT OF FINAL EXAMINATION/DISSERTATION DEFENSE

Candidate's Name: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Degree: Ph.D.  M.S.  Date of Examination: \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

### Results of Examination:

- The candidate passed the examination. Dissertation accepted as presented.
- The candidate passed the examination. Dissertation requires revisions to be approved by the Program Director.
- Dissertation requires additional experiments and written revisions.
- The candidate did NOT pass the Final Examination/Dissertation Defense. The Chairperson of this committee will summarize the committee recommendations in a letter to the candidate and will forward a copy to the Graduate School of Biomedical Sciences within three days of the examination.

\_\_\_\_\_

We make the following recommendations:

### Examination Committee:

Name (please print)	Signature	Concur	Dissent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Chairman			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Outside Member			
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*\*The Program Director signing certifies that completion of ALL CORRECTIONS have been made to the written dissertation.*

Approval of Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Received (Associate Dean) \_\_\_\_\_ Date: \_\_\_\_\_