

MS ORAL EXAM

Department of Biology

Name of Student: _____ Date of Exam: _____

Major Program: _____ Minor or Supporting Field(s): _____

Major Advisor: _____

Recommended Action:

Pass. Comments, if any:

Pass with qualifications. Please list in detail any qualifications imposed upon the student:

Fail. Comments, if any:

Recommended option to repeat examination after one semester.

Recommended termination of student's program in the BYU Biology Department.

Committee Chair

Committee Member

Committee Member

Committee Member

Complete after qualifications have been met:

Date Completed

Committee Chair

MASTER'S COMPREHENSIVE EXAMINATION EVALUATION

Department of Biology

Student: _____

Date of Examination: _____

Please circle one of the following indicating the student's performance.

<p style="text-align: center;"><u>Pass</u></p> <p style="text-align: center;">(5) Outstanding</p> <p style="text-align: center;">(4) Adequate</p>	<p style="text-align: center;"><u>Pass with Qualifications</u></p> <p style="text-align: center;">(3) Retake a Portion</p>	<p style="text-align: center;"><u>Fail</u></p> <p style="text-align: center;">(2) Marginal</p> <p style="text-align: center;">(1) Poor</p>
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I note the following strengths and weaknesses:

Signature of Committee Member

Date

Name (please print)

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Department of Biology

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