

## Completion of Master's Exam

Pre-approval must be granted at least two weeks prior to the completion of the oral exam.

Department: Bioengineering

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Track of Study: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Title: \_\_\_\_\_

### Exam Committee Members:

<u>Name</u>	<u>Member Title</u>	<u>In- Person</u>	<u>Mediated Attendance</u>
_____	Chair	<input type="checkbox"/>	
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Member	<input type="checkbox"/>	<input type="checkbox"/>
_____	Optional Member	<input type="checkbox"/>	<input type="checkbox"/>

### Exam Approval:

Committee Chairperson: \_\_\_\_\_

Committee Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exam Passed  Yes  No

Passed Exam with:  Honors (If applicable)  Satisfactory