

Report on Qualifying Examination for Admission to Candidacy

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Please print or type.			
First name:		UC ID:	
Last name:		UCSF email:	
Graduate program:			
The committee in charge reports upon applicant's que committee members):	ualifying	examination as follows (under each item gi	ve names of
Please print or type names of committee members.			
Favorably		Unfavorably	
, Chai	ir _		, Chair
	-		
Date of examination	- -	Recommend second examination?	Yes
	I	Note: If yes, the committee must be the same as for the original exam.	No
In attendance throughout the examination. (Type "All" if complete committee was present.)	I	n partial attendance.	
	-		
	-		
	- A la		
	Abse	····	
Signature: Chairperson of the committee on qualifyir	ng exan	date: nination	

Complete this form electronically and then email to graduate.division@ucsf.edu