

Qualifying Exam Form

Stanford University Biophysics Ph.D. Program



Exam Information – to be completed by student

Student Name: _____ Exam Date: _____ Time: _____ AM / PM

Student ID: _____ E-mail: _____

Research Topic: _____

Exam Results – to be completed by faculty

Exam Result (Please circle): _____ Pass / _____ Not Pass / _____ Conditional Pass

Comments: _____

Advisor Signature Printed Name Date

Co-Advisor Signature Printed Name Date

Committee Member Signature Printed Name Date

Committee Member Signature Printed Name Date

Committee Member Signature Printed Name Date

Important:

- Qual Exam should be completed by the Autumn Quarter of your **third** year.
- Please return form to Kathleen Guan (kguan@stanford.edu) and/or Amy Lin (amblin@stanford.edu) at Student Services upon completion, thank you.