



MS Biotechnology Program

Thesis Proposal/Comprehensive Exam Form

Student Name / PID: _____

Title of Thesis Proposal: _____

Signature below indicates the faculty advisors have reviewed and approved the Thesis Proposal.

Thesis Proposal

Faculty Name	Faculty Signature	Pass/Fail/Conditional	Date
(chair)			

Comprehensive Oral Exam

Committee members must rate student 1 – 10 (10 highest – 1 lowest)

Exam Measure	Rate	Comment
Question 1		
Question 2		
Question 3		

PLEASE CIRCLE STUDENT COMPREHENSIVE EXAM GRADE: PASS / CONDITIONAL / FAIL

Faculty Name: _____ **Faculty Signature:** _____ **Date:** _____

Committee Chair

PLEASE CIRCLE STUDENT EXAM GRADE: PASS / CONDITIONAL / FAIL

Committee Member

PLEASE CIRCLE STUDENT EXAM GRADE: PASS / CONDITIONAL / FAIL

Committee Member

Research Progress of Student

Student Signature _____

Program Coordinator Signature _____ **Date** _____

Updated: July 2019