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.

<table>
<thead>
<tr>
<th>Pass</th>
<th>Pass with Qualifications</th>
<th>Fail</th>
</tr>
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<tbody>
<tr>
<td>(5) Outstanding</td>
<td>(3) Retake a Portion</td>
<td>(2) Marginal</td>
</tr>
<tr>
<td>(4) Adequate</td>
<td></td>
<td>(1) Poor</td>
</tr>
</tbody>
</table>

I note the following strengths and weaknesses:

Signature of Committee Member ________________________________ Date ________________

Name (please print) __________________________________________
MASTER’S COMPREHENSIVE EXAMINATION EVALUATION
Department of Biology

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Signature of Committee Member                              Date

__________________________________________________________
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