Student ____________________________  Banner ID ___________________

**Option one: (NIH, NRSA or other fellowship format)**   Program area: ________________

Date proposal was written: ________________    Date of oral exam: ____________

Pass ____Fail ____Conditional Pass* ____

**Option two: Major, Minor I and Minor II**

**Major:** ___________________  Professor ____________________________

Written exam:  Pass ____Fail ____Conditional Pass* ____
Oral Exam:  Pass ____Fail ____Conditional Pass* ____

**Minor:** ___________________  Professor ____________________________

Written exam:  Pass ____Fail ____Conditional Pass* ____
Oral Exam:  Pass ____Fail ____Conditional Pass* ____

**Minor II:** ________________  Professor ____________________________

Written exam:  Pass ____Fail ____Conditional Pass* ____
Oral Exam:  Pass ____Fail ____Conditional Pass* ____

*Describe circumstances for conditional pass:

___________________________________________________________________________

___________________________________________________________________________

**Guidance Committee Member Signatures:**

Approving ____________________________  Disapproving ____________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Submit completed form to the School of Biomedical Sciences

Revised 7/2014