



CHEMICAL BIOLOGY GRADUATE PROGRAM
Department of Chemistry

REPORT ON COMPREHENSIVE EXAMINATION

Candidate: _____

Student #: _____

Thesis Supervisor: _____

Date Started in PhD Program _____

Examination Date: _____

Decision of the Examining Committee:

PASS WITH DISTINCTION: _____

PASS: _____

FAIL: _____

Comments:

	Name	Signature
Chair of Defence:	_____	_____
Examiners:	_____	_____
	_____	_____
	_____	_____

(Signature of Associate Chair)

(Date)