



**CHEMICAL BIOLOGY GRADUATE PROGRAM
Department of Chemistry**

TRANSFER/QUALIFYING 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)