STATE UNIVERSITY OF NEW YORK AT BUFFALO

Department of Microbiology and Immunology

Graduate Studies Office

Report on Preliminary Doctoral Qualifying Oral Examination

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oral Examination Date \_\_\_\_\_\_\_\_\_\_\_\_

GRADING SCALE:

I deem the examination graded: *PASS /* ***\*****CONDITIONAL PASS /* ***\*\*****FAIL*

(sign below and enter grade) / (indicate areas of weakness)/

Dr. grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prelim Chair

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Committee Member

***RESULT*** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Conditional Pass***: Student will be offered remediation in perceived area(s) of weakness in the examination. This may consist of submission of a short paper or tutorial consultation with a faculty member or other proper activity. Additional coursework may also be recommended

***\*\*Fail***: Student will be offered a re-examination in one or in several areas. A re-examination will be scheduled in about one month from this date. Unsatisfactory on the re-examination constitutes grounds for dismissal from the program.