

# Biophysics Program

## Preliminary Exam – Committee Summary Form

*This form should be completed by the Preliminary Exam Chair and returned to [biophysics@bocklabs.wisc.edu](mailto:biophysics@bocklabs.wisc.edu) along with each committee member's individual form.*

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Date: \_\_\_/\_\_\_/\_\_\_\_\_ Student name: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_ Prelim Exam Chair: \_\_\_\_\_

Other committee members: \_\_\_\_\_

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Decision:     Pass         Conditional Pass     Fail

**Please summarize the Committee's evaluation of the strengths and weaknesses of the candidate's oral and written presentations and of their defense of the proposed research plan.**

**If weaknesses were noted, please provide specific recommendations.**

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### Signatures

Student: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_

Preliminary Exam Chair: \_\_\_\_\_