



Biophysics Graduate Program
UNIVERSITY OF WISCONSIN-MADISON

PRELIMINARY EXAM COMMITTEE SUMMARY FORM

This form should be completed by the Preliminary Exam Chair and returned to biophysics@bocklabs.wisc.edu along with each committee member's individual form.

Meeting Date

Month Day Year

Student Name:

Committee Member:

Thesis Advisor:

Committee Member:

Prelim Chair Committee Member::

Committee Member:

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. (275 words)

If weaknesses were noted, please provide specific recommendations. (275 words)

Signatures

Student:

Thesis Advisor:

Preliminary Exam Chair:

Outcome

Pass

Conditional Pass

Fail