
PATHOLOGY AND MOLECULAR MEDICINE QUALIFYING EXAM COMMITTEE REPORT

Student's Name _____ Date of Meeting: _____

Thesis Advisor: _____ Year of Study: _____

Committee members in attendance: _____

Please assess the performance/abilities of the student in each of the areas listed below:

1. Presentation style and clarity of written proposal

Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

2. Quality and clarity of oral presentation:

Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

3. Scientific merit of proposed research, importance of problem, novelty, probability of success:

Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

4. Thinking deeply/critically about research project, seeing the "big picture":

Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

5. Understanding of relevant techniques/approaches; underlying mechanisms, strengths and limitations:

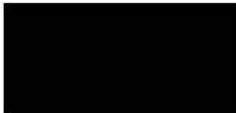
Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

6. Anticipating potential technical problems and other reasons why the project might not work:

Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:



7. Knowledge of the scientific literature in the reading topic areas:

Topic 1: _____

- Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

Topic 2: _____

- Unacceptable Marginal Fair Good Excellent

If an area of concern, please comment:

Provide additional comments (e.g., areas where student should aim for improvement), if desired:

Committee Recommendation (please check):

- Pass
 Fail
 Decision Pending Additional Work (Conditional Pass)

The student should correct some deficiencies in the qualifying exam by:

- Rewriting proposal
 Writing paper(s) on specified topic(s) (please specify)
 Reading literature on specific topic(s), then meeting with individual committee member(s). (Please specify topics and committee members.)

Specify time frame for completion of any additional work:

Name of Committee Chair: _____

Signature of Committee Chair: _____

Please email or deliver this completed form to Themis Kyriakides (themis.kyriakides@vale.edu) and MARRISA DeLise (marrisa.delise@vale.edu).