

QUALIFYING EXAMINATION FORM

INSTRUCTIONS: This is the required form for the BME Qualifying Examination. **This completed form must be submitted, to grad@bme.ufl.edu at least **Three Weeks in advance of desired exam date**.** Graduation may be delayed for those who do not adhere to these rules. Prior to submitting this form, all exam details must be finalized. Approval forms will be automatically sent by our office to your committee members once this form is received.

Student's Name:		UFID #:	
Semester:	<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
	YEAR:		<input type="text"/>

Examination Details:

Exam Date: **Time**

Location:

Thesis/Dissertation Title:

Committee Members:

Chair (Required):

Co-Chair (Optional):

Member #1 (Required):

Member #2 (Required):

Member # 3 (Optional):

Member #4 (Optional):

External (Required):

Special Member (Optional):



Herbert Wertheim College of Engineering
J. Crayton Pruitt Family Department of
Biomedical Engineering

Thesis/Dissertation Abstract: