

PHARMACOLOGY QUALIFYING EXAM FORM

Student's name: _____ Date of exam: _____

Thesis Advisor: _____

Committee members in attendance: _____

The Chair and members of the committee should evaluate each of the areas below by circling the appropriate descriptor and provide comments where appropriate. If there is any disagreement among committee members in of the areas, it can be noted on the space for "If cause for concern, please explain:"

1. Quality of written proposal:

Cause for concern to committee	Acceptable	Outstanding
If cause for concern, please explain:		

2. Quality of oral presentation:

Cause for concern to committee	Acceptable	Outstanding
If cause for concern, please explain:		

3. Justification for significance of the problem:

Cause for concern to committee	Acceptable	Outstanding
If cause for concern, please explain:		

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

Cause for concern to committee	Acceptable	Outstanding
If cause for concern, please explain:		

5. Understanding of techniques – mechanisms, strengths and limitations:

Cause for concern to committee	Acceptable	Outstanding
If cause for concern, please explain:		

6. Anticipation of potential problems and development of alternative approaches:

Cause for concern to committee

Acceptable

Outstanding

If cause for concern, please explain:

7. Knowledge of the relevant scientific literature:

Cause for concern to committee

Acceptable

Outstanding

If cause for concern, please explain:

Please provide any additional comments, positive and/or negative, that would be helpful to the student:

Committee's overall evaluation:

Pass

Fail

Decision pending one or more of the following:

Rewriting proposal

Retaking oral exam

Please specify timeframe for completion of any additional work: _____

Committee chair's name: _____

Committee chair's signature: _____

Student signature: _____

Student should deliver completed signed form to Pharmacology Registrar.