

**JOHNS HOPKINS UNIVERSITY - DOCTORAL BOARD**  
**Oral Examination for the Ph.D. Degree for School of Medicine Programs**

Exam:  Preliminary  Final Program: \_\_\_\_\_  
 Proposed Date of Examination: \_\_\_\_\_ Hour: \_\_\_\_\_ Location: \_\_\_\_\_  
 Candidate's Full Name: \_\_\_\_\_ Candidate's Advisor: \_\_\_\_\_

The committee is made up of five members and should be set up according to departmental policy concerning the # of "inside" departmental members that may serve; some departments allow 3, others only 2. Select the remaining members from other JHU departments, at least one of which must be of Professor or Associate Professor ranking. Exceptions must have approval from the Associate Dean for Graduate Programs. Two alternates **MUST** be listed – one in each column.

Members from "inside" department/program:  <b>Faculty's Name</b> 1. _____ 2. _____ 3. _____  <b>"Inside" Alternate</b> 1. _____	Members from "outside" department/program:  <table border="0"> <tr> <th align="left" colspan="2">Faculty's Name and Department</th> <th align="right">Rank</th> </tr> <tr> <td>1.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> </tr> </table> <b>"Outside" Alternate</b> 1. _____	Faculty's Name and Department		Rank	1.	_____	_____	2.	_____	_____	3.	_____	_____
Faculty's Name and Department		Rank											
1.	_____	_____											
2.	_____	_____											
3.	_____	_____											

**Proposed Examination Approved By:**

_____ <i>Department/Program Director</i> <i>Date</i>	_____ School of Medicine Approval <i>Date</i>
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**Committee membership MUST be submitted for approval to the School of Medicine Registrar at least 3 weeks prior to the scheduled exam date.**

**Report of Results**

Signatures of all examiners present must appear below:

Unconditional Pass       Conditional Pass (Explanation required)       Fail (Explanation required)

(If additional space is needed, attach sheet.)

_____ <i>Chair, Examination Committee</i>	_____ <i>Date of Examination (REQUIRED)</i>
1. _____	3. _____
2. _____	4. _____

**Chairperson:** send completed form to the candidate's program administrator directly following the examination.  
**Graduate Program Administrator:** send the original to the Registrar's Office, 147 BRB, within one week of exam date.