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.

<table>
<thead>
<tr>
<th>Faculty’s Name</th>
<th>Faculty’s Name and Department</th>
<th>Rank</th>
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<td>1. ________________</td>
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<th>“Inside” Alternate</th>
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Proposed Examination Approved By:

_________________________________________________   _________________________________________________

Department/Program Director   Date   School of Medicine Approval   Date

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.)

Chair, Examination Committee   Date of Examination  (REQUIRED)

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.