

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

Exam: Preliminary Final Second Attempt? Y or N Program: _____
 Proposed Date of Examination: _____ Time: _____ 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 number 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 Biomedical Education. Two alternates **MUST** be listed – one in each column. If any changes occur after the initial form is submitted, a new form is required.

Members from "inside" department/program:

Faculty's Name

- 1. _____
- 2. _____
- 3. _____

"Inside" Alternate

- 1. _____

Members from "outside" department/program:

Faculty's Name and Department

Rank

- | | |
|-----------------------------------|-------|
| <input type="checkbox"/> 1. _____ | _____ |
| <input type="checkbox"/> 2. _____ | _____ |
| <input type="checkbox"/> 3. _____ | _____ |

"Outside" Alternate

- | | |
|-----------------------------------|-------|
| <input type="checkbox"/> 1. _____ | _____ |
|-----------------------------------|-------|

Proposed Examination Approved By:

_____	_____	_____	_____
Department/Program Director	Date	School of Medicine Registrar 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.

Attendance:

All examiners present must be checked next to faculty name above and signature provided below.

Report of Results:

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

_____	_____
Chair, Examination Committee	Date of Examination
1. _____	3. _____
2. _____	4. _____

*If additional space is needed, attach additional sheet

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 MRB, within one week of exam date.