

KENT STATE UNIVERSITY  
SCHOOL OF BIOMEDICAL SCIENCES  
REPORT OF FINAL EXAMINATION

Date of Exam \_\_\_\_\_

Upon conclusion of the examination and upon obtaining signatures of the members of the Examining Committee, the Graduate Faculty Representative and the Moderator, immediately forward this form to the Director, School of Biomedical Sciences.

Student Number \_\_\_\_\_

Name of Candidate \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Degree for which examination was given \_\_\_\_\_

BMS Program of Study \_\_\_\_\_

Exact title of thesis or dissertation \_\_\_\_\_

Signatures of Examining Committee:

Name (typed or printed)	Signatures	Pass (use check mark)	Fail
Committee Chair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Outside Discipline Person	_____	_____	_____
_____	_____	_____	_____
Graduate Faculty Representative	_____	_____	_____

**Final Result: Pass** \_\_\_\_\_ **Fail** \_\_\_\_\_

\*Attach comments or specified conditions if student fails.

\_\_\_\_\_  
 Moderator  
 (doctoral examination only; does not vote)

\_\_\_\_\_  
 Director, School of Biomedical Sciences