

Program in Neuroscience

Preliminary Examination Committee Report

*This form is to be completed and signed by all examiners immediately upon conclusion of the examination.
Please submit to the Program Administrator by personal delivery (Goldenson 129) or by fax (617-432-0498).*

Name of Student: _____

Year in GSAS: _____

Dissertation Advisor: _____

Exam Date: _____

Exam Result: Pass Special Committee Review

Summary and Recommendations:

Signatures of Committee:

Will this committee continue on as the student's Dissertation Advisory Committee? Yes No

If not, what changes will be made? _____

Date of first Dissertation Advisory Committee meeting (within 9 months): _____