

QUALIFYING EXAMINATION FORM 2
Confirmation of the Exam Committee Members

Student Name: _____ Program: PhD MSTP

Mentor(s): _____

Primary Concentration

Secondary Concentration (if applicable)

E-Mail Address: _____

***Tentative Qualifying Exam Proposal Title** (title may change before the oral exam):

Five (5) keywords in reference to the student's proposal:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

SAC Members: _____
(if applicable)

Proposed members of examining committee:

- | | |
|----------|---------|
| 1. _____ | (Chair) |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

Please sign below to indicate approval of the examination committee, and then return this form to the Graduate Office (Belfer 202 or email qualexam@einsteinmed.edu) on or before February 16, 2024.

Examination Committee Chair Signature

Date