



Health Science Campus

REPORT OF THESIS EXAMINATION  
Master of Science in Biomedical Science

Name of Candidate Examined:

Title of Thesis:

Area of Concentration:

Results of Examination:

Pass

Fail

Examination Committee

Signature/Date

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.....  
.....  
.....

Graduate Faculty Representative:

\_\_\_\_\_

Date of Defense:

If a failure is recorded, does the examining committee recommend permission to take a second examination?      Yes    No