

**MICHIGAN STATE**  
UNIVERSITY

**GENETICS AND GENOME SCIENCES GRADUATE PROGRAM  
RECORD OF COMPREHENSIVE EXAMINATION  
PHD DEGREE CANDIDATES**

**Student's Name** \_\_\_\_\_  
Last, First Middle Initial

**Proposal Title** \_\_\_\_\_

***Result of Written Comprehensive Examination (Research Proposal)***

Examiner	Signature	Date (MM-DD-YY)	Pass, Conditional Pass, or Fail

***Result of Oral Comprehensive Examination***

Examiner	Signature	Date (MM-DD-YY)	Pass, Conditional Pass, or Fail

**Conditions to Meet if Conditional Pass** \_\_\_\_\_

**Comments** \_\_\_\_\_

Overall Pass, Conditional Pass, or Fail? \_\_\_\_\_

**Signed** \_\_\_\_\_  
Chairperson of Examination Committee                      Date

**Signed** \_\_\_\_\_  
Director of the GGS Program    Date