



**DEPARTMENT OF BIOMEDICAL ENGINEERING
 QUALIFYING EXAMINATION COMMITTEE FORM**

Student: _____ Date of QE: _____

Research Advisor(s): _____

Members of your Committee must sign this form indicating that you have met with them at least one time prior to taking the exam.

**PRINTED NAME &
 DEPARTMENT AFFILIATION**

**SIGNATURE &
 DATE OF MEETING**

 Chair/Department Affiliation

 Chair/Date

 Cognate/Department Affiliation

 Cognate/Date

 Member/Department Affiliation

 Member/Date

 Member/Department Affiliation

 Member/Date

 Member/Department Affiliation

 Member/Date

 Member/Department Affiliation

 Member/Date