

QUALIFYING EXAMINATION FORM 3
Date, Time and Location of Qualifying Exam

Student Name: _____ Program: **PhD** **MSTP**

Mentor(s): _____

Primary Concentration

Secondary Concentration *(if applicable)*

***Tentative Qualifying Exam Proposal Title:**

QUALIFYING EXAM COMMITTEE MEMBERS:

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

TO BE COMPLETED BY THE STUDENT:

Please schedule the date, time and location of your oral exam, and return this form completed to the Graduate Office (Belfer 202 or email to qualexam@einsteinmed.edu, on or before the due date published on the Qualifying Exam Timeline.

Note: no exams are to be scheduled on official school holidays, which are posted on the Academic Calendar.)

Date: _____

Time: _____
(allow 2 hours)

Location: _____
Building & Room #

Or Check here if Zoom exam

Student Signature

Date

*This title can change before the oral exam.