
EXPERIMENTAL PATHOLOGY QUALIFYING EXAM COMMITTEE REPORT

Student's Name _____ Date of Meeting: _____

Thesis Advisor: _____ Year of Study: _____

Committee members in attendance: _____

Please assess the performance/abilities of the student in each of the areas listed below:

1. Presentation style and clarity of written proposal

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

2. Quality and clarity of oral presentation:

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

3. Scientific merit of proposed research, importance of problem, novelty, probability of success:

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

4. Thinking deeply/critically about research project, seeing the "big picture":

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

5. Understanding of relevant techniques/approaches; underlying mechanisms, strengths and limitations:

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

6. Anticipating potential technical problems and other reasons why the project might not work:

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

7. Knowledge of the scientific literature in the reading topic areas:

Topic 1: _____

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

Topic 2: _____

☐ Unacceptable ☐ Marginal ☐ Fair ☐ Good ☐ Excellent

If an area of concern, please comment:

Provide additional comments (e.g., areas where student should aim for improvement), if desired:

Committee Recommendation (please check):

☐

Pass

☐

Fail

☐

Decision Pending Additional Work (Conditional Pass)

The student should correct some deficiencies in the qualifying exam by:

☐

Rewriting proposal

☐

Writing paper(s) on specified topic(s) (please specify)

☐

Reading literature on specific topic(s), then meeting with individual committee member(s). (Please specify topics and committee members.)

Specify time frame for completion of any additional work:

Name of Committee Chair: _____

Signature of Committee Chair: _____

Please email or deliver this completed form to Themis Kyriakides (themis.kyriakides@yale.edu) and Marris DeLise (marris.delise@yale.edu).