

Department of Human Physiology Comprehensive Exam Results

Student: _____

Student ID: _____

Exam Date: _____

Please indicate decision regarding the student's performance:

Examination Committee Member: _____

Question 1: _____/5 Pass: _____

Question 2: _____/5 No Pass: _____

Question 3: _____/5

Question 4: _____/5

Signature: _____

Examination Committee Member: _____

Question 1: _____/5 Pass: _____

Question 2: _____/5 No Pass: _____

Question 3: _____/5

Question 4: _____/5

Signature: _____

Examination Committee Member: _____

Question 1: _____/5 Pass: _____

Question 2: _____/5 No Pass: _____

Question 3: _____/5

Question 4: _____/5

Signature: _____

Examination Committee Member: _____

Question 1: _____/5 Pass: _____

Question 2: _____/5 No Pass: _____

Question 3: _____/5

Question 4: _____/5

Signature: _____