*Please submit form by emailing to* [*mindy.donovan@umassmed.edu*](mailto:mindy.donovan@umassmed.edu?subject=General%20Examiner%20Checklist) *or deliver to S1-824.*

Instructions:

Please complete pages 1 and 2 and return completed, signed form to the GSBS office.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Date of Qualifying Exam** |  |
| **Name (Please Print)** | | | |
| **Student** |  | | |
| **General Examiner** |  | | |
| **General Examiner Signature** |  | | |

**Section A:** Please complete all areas

|  |  |
| --- | --- |
|  | The student’s transcript was reviewed. |
|  | The student has met all Program and GSBS course requirements |
|  | The mentor provided a written evaluation. |
|  | The mentor’s written evaluation (if provided) was reviewed by the QEC. |
|  | The student was asked about concurrent or previous fellowship applications relating to the proposed work, and the degree of independence in preparing such applications. |
|  | The committee achieved consensus on the QE score and outcome. |
|  | The score and outcome form was completed before the meeting adjourned, with all QEC members present. |
|  | The score and outcome were communicated to the student. |
|  | If the student was found deficient in any areas, the QEC/QEC Chair gave guidelines for improvement. |

**Section B:** Please complete one of the following outcomes: Pass, Incomplete, Fail

|  |  |
| --- | --- |
| **For Outcome of Pass:** | |
|  | The student’s performance was Developing, Achieving, or Excelling in all areas. |
|  | The student is in Good Academic Standing (GPA>3). |
|  | If all Program/GSBS course requirements have not been met, the student presented a specific plan for completing requirements. |

|  |  |
| --- | --- |
| **For Outcome of Incomplete:** | |
|  | The student is in Good Academic Standing (GPA≥3). |
|  | If all Program/GSBS course requirements have not been met, the student presented a specific plan for completing requirements. |
|  | The student’s thesis mentor indicated support through reasonable remediation. |
|  | A remediation plan was discussed with the student. |
|  | An appropriate timeline for re-examination was set and communicated to the student. *The chair should inform the Associate Dean for Academic Affairs of the remediation plan*. |

|  |  |
| --- | --- |
| **For Outcome of fail:** | |
|  | The student’s performance was seriously deficient in multiple areas. |
|  | The QEC determined that no remediation plan on a reasonable timeline would be effective. |
|  | The QEC communicated the outcome to the student. *The chair should inform the Associate Dean for Academic Affairs of this outcome.* |