BME Student Qualifying Exam Application

Student Name _____ Date_____

Home Campus: ☐ SUNY ☐ NYU/Poly

Laboratory (if currently sponsored)_____

I would like to submit the following names of 3 faculty members (one of which is not from my home campus) to serve on my thesis committee. I have contacted these professors and they are all willing to serve in this capacity:

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Program Director of Home Institution Approval:

☐ Approved

Signed_____ Date_____

☐ Not approved – comments, or committee constitution changes below:

Signed_____ Date_____

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